



CITY OF COLORADO SPRINGS
FIRE BOARD OF APPEALS MEETING **AMENDED AGENDA**
PIKES PEAK REGIONAL BUILDING DEPARTMENT
2880 INTERNATIONAL CIRCLE
MAY 10, 2019 – 8:30 A.M. to 10:00 A.M.

CALL TO ORDER

WELCOME & FAREWELL WITH GRATITUDE

ADMINISTRATIVE

1. Review April 12, 2019's Fire Board of Appeals Meeting Minutes

2. Contractor Licensing

A. Fire Alarm Contractor A

- i. Business Name: Weifield Group Contracting, Inc.
- Principal Officers: Seth Anderson, Chief Executive Officer
Pete Farreny, Chief Operations Officer
- Licensee: Duff J. Stroumbos
- RME: Duff J. Stroumbos

B. Fire Alarm Contractor B

- i. Business Name: Dignity Fire Protection, Co., LLC
- Members: Denry Shobe
Chassee Shobe
- Licensee: Denry W. Shobe
- RME: Denry W. Shobe

- ii. Business Name: Pye-Barker Fire & Safety, LLC
- Owner: Barton A. Proctor
- Licensee: Raymond J. Carnahan
- RME: Derick M. Horsey

C. Fire Suppression Contractor A

- i. Business Name: Pye-Barker Fire & Safety, LLC
- Owner: Barton A. Proctor
- Licensee: Raymond Carnahan
- RME: George T. Malarchik

D. Fire Suppression Contractor B

- i. Business Name: Empire Fire & Safety, Inc.
- Principal Officers: Lilia Walker, President
Dave Walker, Vice President
- Licensee: Dave A. Walker
- RME: Dave A. Walker

ii. Business Name: Pye-Barker Fire & Safety, LLC
Owner: Barton A. Proctor
Licensee: Raymond J. Carnahan
RME: Raymond J. Carnahan

E. Fire Suppression Contractor H

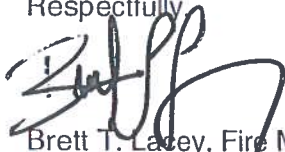
i. Business Name: Pye-Barker Fire & Safety, LLC
Owner: Barton A. Proctor
Licensee: Raymond J. Carnahan
RME: Raymond J. Carnahan

DISCUSSION ITEM(S)

1. Update on Status of Boards and Commissions Ordinance

ADJOURN

Respectfully,

A handwritten signature in black ink, appearing to read "Brett T. Lacey", written over the printed name.

Brett T. Lacey, Fire Marshal
Secretary to Fire Board of Appeals



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: Weifield Group Contracting, Inc.

PRINCIPAL: _____

LICENSE HOLDER: Duff Stroumbos

RME: Duff Stroumbos

RECOMMEND:

☒ APPROVAL

☐ DISAPPROVAL

DATE 4/4/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

| PPRBD INFORMATION | NAME | DATE |
|---------------------------|------|-----------|
| RECEIVED BY PPRBD | Rose | 3-29-2019 |
| CRIMINAL BACKGROUND CHECK | Rose | 3-29-2019 |
| SENT TO FIRE | Rose | 3-29-2019 |

| DEPARTMENT | NAME | DATE |
|-------------|--------------------|---------------|
| CSFD | Chip Taylor | 4/4/19 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS:

New

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 3-29-19

Initial RS

Receipt # 1586168

RBD # 16073

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☒ FAC-A

☐ FAC-B

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: WEIFIELD GROUP CONTRACTING INC.

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 431949811

Business Address: 6950 S Jordan Rd

Street Address

Apartment/Unit #

Centennial

CO

80112

City

State

ZIP Code

Business Phone: 303-428-2011

Business Email: _____

Business Fax: 303-202-0466

Business Website: https://www.weifieldcontracting.com/

Company's Principal Officers, Partners, or Owners

Name: Seth Anderson

Title: CEO

Name: Pete Farreny

Title: COO

1. Number of years company has operated as a contractor? (If new, write "new") 17

2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

| Jurisdiction - License type and number | Jurisdiction- License type and number |
|---|---------------------------------------|
| CO Springs - Electrical Contractor - 23320 | |
| Colorado - Electrical Contractor - EC.0005813 | |
| Denver - Electrical Contractor - LIC234904 | |
| | |

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: Hilton Hotel, 1999 Chestnut , Denver CO

Type of work (check one) ☒ Residential ☒ Commercial

Cost: \$350,000 Date: 2017 Your position: Fire Alarm Senior Engineering Technician

Describe Job in detail: Fire Alarm & Smoke Control in new 12 Story Hotel

2. Project Street Address: Monarch Casino Black Hawk CO

Type of work (check one) ☒ Residential ☒ Commercial

Cost: \$1.6 M Date: 2018 Your position: Fire Alarm Senior Engineering Technician

Describe Job in detail: Fire Alarm & Smoke Control in new 20 Story Hotel / Casino

3. Project Street Address: 17 W 1777 Wewatta Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$500,000 Date: 2018 Your position: Fire Alarm Senior Engineering Technician

Describe Job in detail: 3 - 15 Story Towers on Common Podium Fire Alarm/ Smoke Control / BDA

4. Project Street Address: Denver 911 Call Center 12025 E 45th Ave Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$100,000 Date: 2018 Your position: Fire Alarm Senior Engineering Technician

Describe Job in detail: New Fire Alarm / Pre Action / Mass Notification /

5. Project Street Address: Colorado School of Mines Green Center Golden CO

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$70,000 Date: 2019 Your position: Fire Alarm Senior Engineering Technician

Describe Job in detail: Retrofit Labs / Classrooms / Entire System replacement/ Fire Alarm / Mass /

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Pete Farreny COO

Signature: 

Date: 3-29-19

Licensee Information

Legal Name: Stroumbos Duff J
Last First M.I.
 Date of Birth: 04/07/1956 Social Security Number: [REDACTED]
 Address: 1374 Glencoe St
Street Address Apartment/Unit #
Denver CO 80220
City State ZIP Code
 Phone: 303-668-3870 Fax: _____ Email: dstroumbos@weifieldgroup.com

1. What is your area of expertise in the industry? Fire Alarm Systems
2. How long have you worked in the industry? 40 Years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|----------|-------------|------------|
| 99346 | IV | 10/01/2020 |
| P.E. # | Issued | Expires |
| | | |
| D.O.T. # | Issued | Expires |
| | | |

Work History

| Company | Position | To | From |
|-------------------------|----------------------------|---------|------|
| Weifield Group | S.E.T. / Training Director | Present | 2019 |
| Ludvik Electric | S.E.T. / Training Director | 2016 | 2009 |
| Intermaountain Electric | Systems Engineer | 2009 | 2001 |

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Duff Stroumbos S.E.T. / Training Director
 Signature of (Licensee): [Signature] Date: 3/29/19

Responsible Managing Employee (RME) Information

Legal Name: Stroumbos Duff J
Last First M.I.
 Date of Birth: 04/07/1956 Social Security Number: [REDACTED]
 Address: 1374 Glencoe Street
Street Address Apartment/Unit #
Denver CO 80220
City State ZIP Code
 Phone: 303-668-3870 Fax: _____ Email: dstroumbos@weifieldgroup.com

1. What is your area of expertise in the industry? Fire Alarm Systems
2. How long have you worked in the industry? 40 Years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|----------|-------------|------------|
| 99346 | IV | 10/01/2020 |
| P.E. # | Issued | Expires |
| | | |
| D.O.T. # | Issued | Expires |
| | | |

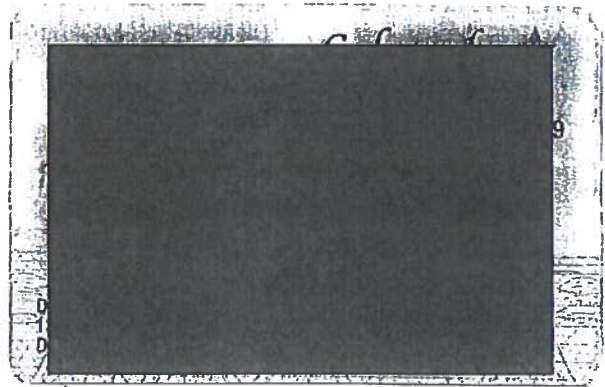
Work History

| Company | Position | To | From |
|------------------------|----------------------------|---------|------|
| Weifield Group | S.E.T. / Training Director | Present | 2016 |
| Ludvik Electric | S.E.T. / Training Director | 2016 | 2009 |
| Intermountain Electric | Systems Engineer | 2009 | 2001 |

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Duff J Stroumbos S.E.T. / Training Director

Signature of (RME):  Date: 3/29/19



NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®

Duff J. Stroumbos

FIRE ALARM SYSTEMS/IV

CERT NO. 99346 VALID THRU 10/01/2020



COLORADO

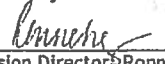
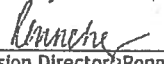
Department of
Regulatory Agencies

Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

| Colorado Department of Regulatory Agencies Division of Professions and Occupations | | Colorado Department of Regulatory Agencies Division of Professions and Occupations | |
|---|-------------|---|-------------|
| Electrical Board Duff J. Stroumbos | | Electrical Board Duff J. Stroumbos | |
| Master Electrician | | Master Electrician | |
| ME.0003717 | 10/01/2017 | ME.0003717 | 10/01/2017 |
| Number | Issue Date | Number | Issue Date |
| Active | 09/30/2020 | Active | 09/30/2020 |
| Credential Status | Expire Date | Credential Status | Expire Date |
| Verify this credential at: www.colorado.gov/dora/dpo | | Verify this credential at: www.colorado.gov/dora/dpo | |
|  | |  | |
| Division Director Ronne Hines | | Division Director Ronne Hines | |
| Credential Holder Signature | | Credential Holder Signature | |





THIS IS TO CERTIFY THAT
WEIFIELD GROUP CONTRACTING INC

IS A LICENSED (ID# 23320)
ELECTRICAL CONTRACTOR

Examinee: JAMES SELECKY
Expires: 11-Jan-2020

Weifield Group

ELECTRICAL CONTRACTING

March 28, 2019

Pikes Peak Regional Building Department
Attn: Sabrina Erickson

RE: Fire Alarm Application

Dear Ms. Erickson,

As required by the application, this letter confirms that Duff Stroumbos is an exclusive, full-time employee of Weifield Group Contracting.

Please reach out to my assistant Kate Eaton (keaton@weifieldgroup.com) for any additional information needed.

Sincerely,



Pete Farreny
Chief Operations Officer, Weifield Group Contracting

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|--|
| PRODUCER USI Insurance Services, LLC P.O. Box 7050 Englewood, CO 80155 800 873-8500 | | CONTACT NAME: Client Manager PHONE (A/C, No. Ext): 800 873-8500 FAX (A/C, No.): 303-831-5295 E-MAIL ADDRESS: den.contractors@usi.com | |
| INSURED Welfield Group Contracting, Inc. 6950 S. Jordan Road Centennial, CO 80112 | | INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company NAIC # 16535 INSURER B: Travelers Property Casualty Co. of Amer 25674 INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ITR | TYPE OF INSURANCE | ADDITIONAL INSURER | SUBROGATION | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|-------------|-----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | X | GLO90944202 | 03/01/2019 | 03/01/2020 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | X | X | BAP980944302 | 03/01/2019 | 03/01/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 | X | X | ZUP51M7781A19NF | 03/01/2019 | 03/01/2020 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | X | N/A | WC980944102 | 03/01/2019 | 03/01/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|




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PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

-  facebook.com/PPRegionalBuilding/
-  [@PPRBD](https://twitter.com/PPRBD)
-  [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

Invoice

3/29/2019 10:26:49 AM

(ROSE)

Receipt #: 1586168

Contractor: WEIFIELD GROUP CONTRACTING (16073)

| Transaction Summary | | | | |
|---------------------|--|--|-----------|---------|
| Account | Description | | Reference | Amount |
| 1301-40036 | CONTRACTOR FEES APPLICATION | | App Fee | \$50.00 |
| 1301-40112 | CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE) | | FEE | \$3.50 |

Total Due: \$53.50

| Payment Summary | | | | |
|-----------------|------------------------------|--|-----------|---------|
| Account | Description | | Reference | Amount |
| 9801-55700 | COLLECTION, VISA/Master-Card | | 688531 | \$53.50 |

Total Tendered: \$53.50

Comment: APPLICATION FOR FAC-A

I agree to pay above total amount according to card issuer agreement.



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: Dignity Fire Protection Co

PRINCIPAL: Denry Shobe

LICENSE HOLDER: Denry Shobe

RME: Denry Shobe

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 4/26/19

LICENSE APPLYING FOR:

FSC-A FSC-B FSC-C FSC-D FSC-H FSC-M FAC-A **FAC-B**
FAI FSI FSI-L FST-B FST-C FST-D FHT

| PPRBD INFORMATION | NAME | DATE |
|---------------------------|------|-----------|
| RECEIVED BY PPRBD | Rose | 4-10-2019 |
| CRIMINAL BACKGROUND CHECK | Rose | 4-10-2019 |
| SENT TO FIRE | Rose | 4-10-2019 |

| DEPARTMENT | NAME | DATE |
|-------------|--------------------|----------------|
| CSFD | Chip Taylor | 4/26/19 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS:

New

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 4-10-19

Initial RS

Receipt # 1589290

RBD #

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☐ FAC-A

☒ FAC-B

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Dignity Fire Protection, Co

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 83-2688955

Business Address: 5745 Industrial Pl

Street Address

suite E

Apartment/Unit #

Colorado Springs

City

CO

State

80916

ZIP Code

Business Phone: (719) 433-7740

Business Email: denny@dignityfire.com

Business Fax: _____

Business Website: dignityfire.com

Company's Principal Officers, Partners, or Owners

Name: Denny Shobe

Title: Member

Name: Chassee Shobe

Title: Member

1. Number of years company has operated as a contractor? (If new, write "new") New

2. Type of work performed? (Check one or both, if applicable)

☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

Jurisdiction - License type and number

Jurisdiction - License type and number

| | |
|--|--|
| <u>Colorado - Business License 20181940080</u> | |
| | |
| | |
| | |

Project History (List projects in which this company worked as the contractor)

See attached Project History

1. Project Street Address: _____

Type of work (check one) ☐ Residential ☐ Commercial

Cost: _____ Date: _____ Your position: _____

Describe Job in detail: _____

2. Project Street Address: _____

Type of work (check one) ☐ Residential ☐ Commercial

Cost: _____ Date: _____ Your position: _____

Describe Job in detail: _____

3. Project Street Address: _____

Type of work (check one) ☐ Residential ☐ Commercial

Cost: _____ Date: _____ Your position: _____

Describe Job in detail: _____

4. Project Street Address: _____

Type of work (check one) ☐ Residential ☐ Commercial

Cost: _____ Date: _____ Your position: _____

Describe Job in detail: _____

5. Project Street Address: _____

Type of work (check one) ☐ Residential ☐ Commercial

Cost: _____ Date: _____ Your position: _____

Describe Job in detail: _____

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Denry Shobe, Owner

Signature: [Signature] Date: 4-2-2019

Responsible Managing Employee (RME) Information

Legal Name: Shobe Denry W.
Last First M.I.
 Date of Birth: 8/18/1987 Social Security Number: [REDACTED]
 Address: 6225 E. Platte Ave
Street Address Apartment/Unit #
Colorado Springs CO 80915
City State ZIP Code
 Phone: 801 668 7365 Fax: _____ Email: denryshobe@gmail.com

1. What is your area of expertise in the industry? Fire Alarm Service and Installation
2. How long have you worked in the industry? 11 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) Owner
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|---------------|-----------------------------|-----------------|
| <u>147509</u> | <u>Fire Alarm System II</u> | <u>6/1/2021</u> |
| P.E. # | Issued | Expires |
| | | |
| D.O.T. # | Issued | Expires |
| | | |

Work History

| Company | Position | To | From |
|------------------|------------------------|-------------------|-------------------|
| <u>JK Alarms</u> | <u>Project Manager</u> | <u>April 2019</u> | <u>April 2008</u> |
| | | | |
| | | | |

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Denny Shobe, Owner
 Signature of (RME): [Signature] Date: 4-2-2019

Licensee Information

Legal Name: Shobe Derry W.
Last First M.I.

Date of Birth: 8/18/1987 Social Security Number: [REDACTED]

Address: 6225 E. Platte Ave
Street Address
Colorado Springs CO 80915
City State ZIP Code

Phone: 801-668-7365 Fax: _____ Email: denryshobe@gmail.com

- What is your area of expertise in the industry? Fire Alarm Service and Installation
- How long have you worked in the industry? 11 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) Owner
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|---------------|-----------------------------|-----------------|
| <u>147509</u> | <u>Fire Alarm System II</u> | <u>6/1/2021</u> |
| P.E. # | Issued | Expires |
| | | |
| D.O.T. # | Issued | Expires |
| | | |

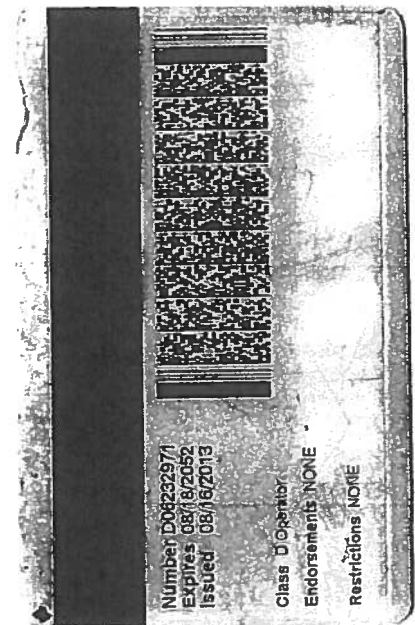
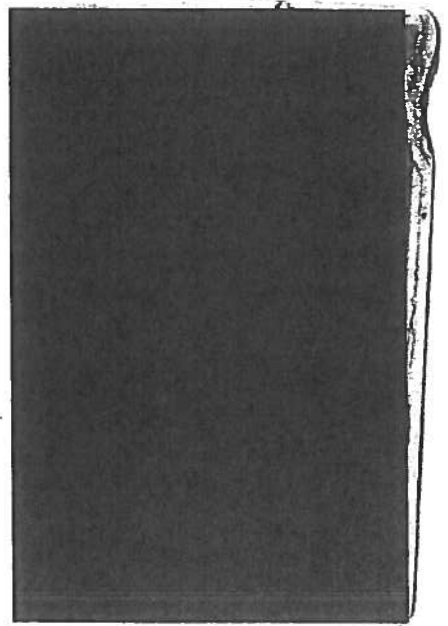
Work History

| Company | Position | To | From |
|------------------|------------------------|-------------------|-------------------|
| <u>JK Alarms</u> | <u>Project Manager</u> | <u>April 2019</u> | <u>April 2008</u> |
| | | | |
| | | | |

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Derry Shobe, Owner

Signature of (Licensee): [Signature] Date: 4-2-2019



Date of this notice: 11-30-2018

Employer Identification Number:
83-2688955

Form: SS-4

Number of this notice: CP 575 B

DIGNITY FIRE PROTECTION CO LLC
DENRY SHOBE MBR
1670 E CHEYENNE MTN BLVD STE F139
COLORADO SPGS, CO 80906

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2688955. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

DENRY SHOBE



DENRYSHOBE@GMAIL.COM



801-668-7365

OBJECTIVE

I'm looking for a team that can allow me the opportunity to grow my career in life safety. Looking forward to working with others in the industry that can help me further hone in my skills, while improving my education and finding new challenges to grow my experience.

SKILLS

Fire Alarm Panel Programming

Silent Knight, FireLite, Ademco Vista Series, Bosch, Gamewell,

Fire Alarm Installation

Able to determine best layout and necessity of devices. In-depth understanding of wiring and installation of fire alarm devices, including of complex relay & signaling wiring (such as elevator recall & evac systems.

Fire Alarm Testing & Maintenance

Perform both initial installation and annual fire alarm test and inspections.

EXPERIENCE

FIRE ALARM LEAD TECHNICIAN – JK ALARMS

April 2008 – April 2019

I work with the team of technicians in the installation and maintenance of new fire alarm systems and monitored accounts. I work directly with the owner in daily scheduling and overall growth of the company. After only a few short years of being a lead technician our company has doubled in size not only with opportunity, but with employees too. Due to my experience and understanding of fire alarm systems I accomplish complex tasks and programming, provide help to fellow technicians & I am responsible for all new hire training. As well as I perform service calls & annual fire alarm inspections on a daily basis.

ASSEMBLY/QUALITY CONTROL MANAGER – OUT OF THE WOODS CABINETS

October 2006 – April 2008

Thanks to my quick learning skills and pride in my work I quickly became assembly manager overseeing 5 people in the assembly of cabinets. Performed quality control inspections as well as set up & scheduled deliveries. Worked with other managers in the manufacturing process to maintain a product standard and stay on schedule.

EDUCATION

NICET FIRE ALARM SYSTEMS LEVEL I

Received March 15th, 2018

NICET FIRE ALARM SYSTEMS LEVEL II

Received March 27th, 2019

CSA – Fire Protection Contractor

FA2

Received in February 2018

Riverton High School

Graduated 6 months early in 2005

Took elective classes that focused on engineering and plan development.

Quick Learner – Efficient Worker – Effective Team Player – Leadership Skills
Take Pride In Accomplishing a Job Well Done



Dignity Fire Protection CO. LLC and its ownership, Denry Shobe and Chassee Shobe, here by acknowledge the full exclusive employment of Denry Shobe.

As an Employee and owner of Dignity Fire Protection Co. LLC, Denry Shobe is to be named the Responsible Managing Employee (RME). By Signing as the RME for Dignity Fire Protection Co. LLC,

Denry Shobe agrees to be employed solely by Dignity Fire Protection Co. LLC and not at any time or capacity for any other organization or company.

Signed and Dated by all acting Owners, managers, principals and RME of the LLC that make up Dignity Fire Protection Co. LLC

Denry Shobe

Owner & Named RME

4/3/2019

Chassee Shobe

Owner

4/3/2019

North Carolina Office:
Fax 336-504-8880
Florida Office:
Fax 727-572-7909
New York Office:
Fax 516-741-2879
Texas Office:
Fax 336-584-8880
California Office:
Fax 714-542-0815



Post Office Box 286 • Burlington, NC 27216-0286
1-800-334-5579 • GoTAPCO.com

GENERAL LIABILITY APPLICATION

ACCT ID: PFPGW

Insured Name (as it should appear on the policy): Denny Shcho
(Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)
Mailing Address: 1670 E. Merriam Mountain Blvd Colorado Springs CO 80906
Location of Risk: 5745 Industrial Way Unit E Colorado Springs CO 80916
Type of Risk/Occupancy: Maintains Fire Extinguishers & Service for Sprinklers
Proposed Effective Date: From 01-08-19 To 01-08-19 Years in Business: 1
Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC

| LIMITS OF LIABILITY REQUESTED | |
|--|-----------------|
| General Aggregate | \$ 2,000,000 |
| Products & Completed Operations Aggregate | \$ 1,000,000 |
| Personal & Advertising Injury | \$ 1,000,000 |
| Each Occurrence | \$ 1,000,000 |
| Damage to Premises Rented to You | \$ 100,000 |
| Medical Expense (any one person) | \$ 5,000 |
| Other Coverages, Restrictions, and/or Endorsements | \$ 0 |
| | Deductible \$ 0 |

Additional Insured (include Name/Address): Industrial Place, LLC 530 Longdale Way CB, CO 80804
Interest of Additional Insured: Landlord
Describe all business operations conducted by applicant: Maintains Fire Extinguishers, Tapco Fire Extinguishers and Services for Sprinkler Systems
Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):

Interest of applicant in such premises: ☒ Owner ☐ General Lessee ☐ Tenant
Part occupied by the applicant: ☐ Entire ☒ Portion ☐ None
Does applicant have a parking lot? ☒ Yes ☐ No If yes, state area In front of building
If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____
Indicate type of surface: ☐ Gravel ☐ Black top ☒ Concrete
Is the lot lighted? ☒ Yes ☐ No
Does risk store LPG, flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No
If yes, type and quantity stored _____
Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____
Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type _____
Are Certificates of Insurance required from all subcontractors? ☐ Yes ☒ No
During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?
☐ Yes ☒ No If yes, explain _____

| SCHEDULE OF HAZARDS | | | | |
|---------------------|----------------|------------|--|-------|
| Loc No. | Classification | Class Code | Premium Basis: (1) Gross Sales (2) Payroll (3) Area (4) Total Cost (5) Other | Terr. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses. If none or no prior, indicate below.

| Year | Company | Pol.# | Premium | Losses Paid | Losses Reserved | Description |
|------|---------|-------|---------|-------------|-----------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Denny Snobe Date 01-08-2009
 Applicant's Signature [Signature] Applicant's Phone # 801-668-7365
 Agency Northeast Agencies, Inc
 Agency Address 6467 Main Street- Suite 104, Buffalo, NY 14221
 Agent's Signature _____ Agent's License Number _____
 Agent's Phone # (844) 448-6843 Agent's Fax # (716) 954-2255
 Agent's Email Address _____

FLORIDA FRAUD STATEMENT:
 Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:
 It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

| POLICY PREMIUM | |
|----------------|----------|
| Base | \$ _____ |
| Fee | \$ _____ |
| Tax | \$ _____ |
| Total | \$ _____ |



Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

www.GoTapco.com

Please be advised: This request form does not automatically bind coverage for the additional insured. This request is subject to underwriting approval and no coverage exists until physically endorsed on to the policy.

ADDITIONAL INSURED QUESTIONNAIRE

Applicant name: Dancy Snobe

Policy Number: PEPaw

A. General Information - To be completed for all requests

1. Name and address of Additional Insured: _____

Industrial Place, LLC
1670 E. Cheyenne Mountain Blvd CO 80906

2. What is the relationship of additional insured to the named insured? _____

Landlord

3. Description of any equipment and its use: _____

B. Contracting Risks

4. Complete description of the work being performed: Tagg Fire extinguishers

Maintain Fire extinguishers and does
Service for sprinkler systems

5. Location of the job: Address: 5745 Industrial Way Unit E

City: Colorado Springs State: CO

6. Is the work new construction? Yes ☒ No ☐ 7. Service/repair work? Yes ☒ No ☐

8. This work is: Residential: ☐ Commercial: ☐ Industrial: ☒



**COLONY SPECIALTY INSURANCE
ARTISAN CONTRACTORS
SUPPLEMENTAL APPLICATION**

Sunder Agency
General Agent Name

Insured: Denny Snobe

Date 01-08-19

Owner/Partner 16,000- (TX - 20,000) \$ 16,000
Employee Payroll: \$ 2
Uninsured Subcontractor Payroll: \$ 2
Total Payroll: \$ more
Subcontractor Cost \$
Total Receipts \$

Risk is a (% of each):
General Contractor _____ %
Subcontractor _____ %

General Information

License # & Type held _____
Years in Business: 1
Years of Experience: 5

Type of Work Performed
Room Additions _____ %
Repair/Service Work _____ %
Structural Work _____ %
Remodeling Work _____ %
Other _____ %

Maximum # Of Stories _____
Maximum Depth below Grade _____
Any Roofing Performed ☐ Yes ☐ No
If Yes complete a Roofing Supplemental
(Prohibit Commercial Roofing)

Ground Up Construction _____ %
% Residential _____ % (new residential Yes _____ No)
% Commercial _____ % Industrial _____ %

- Type of work done by you and your employees: _____
- Alarm monitoring? ☒ Yes ☐ No Alarm monitoring subcontracted? ☐ Yes ☒ No
- Any mobile equipment leased without operators? ☐ Yes ☒ No
- Type of equipment leased? _____
- Any snow plowing operations? ☐ Yes ☒ No Street Cleaning ☐ Yes ☒ No Public Streets & Roads? ☒ Yes ☐ No
- Has the Ins'd ever been involved in any construction of new residential properties i.e. Custom homes, Tract or Condo developments, apts or Town Homes in the past 10 years or will they do so in the future? ☐ Yes ☒ No
- Have you ever been involved or are you involved in construction of residential room additions? ☐ Yes ☒ No
- Any LPG work? ☐ Yes ☒ No _____ % of total Any Floor waxing? ☐ Yes ☒ No _____ %
- What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors or finishing/refinishing cabinets - _____

- List the last 3 jobs including the cost of those jobs.
- | Location | Type of Job | Job Receipts |
|----------|-------------|--------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

- Describe any losses: N/A

SUBCONTRACTED WORK

- What work are the subcontractors hired to do? _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? ☐ Yes ☐ No
- Minimum Limits Required \$ _____
- Are you named as an additional Insured on the subcontractor's policy? ☐ Yes ☐ No
- Do subcontractors carry Worker's Compensation ☐ Yes ☐ No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: [Signature]

Date: 01-08-2019

Producer: [Signature]

Date: 01-08-2019

Contractors PDQ

Page 1 of 1

12/15/2010

PRIME RATE PREMIUM FINANCE CORPORATION, INC.
2141 Enterprise Dr. P.O. Box 100507
Florence, South Carolina 29502-0507
Phone: (800) 777-7458
CO License No.

Insured Name: Dignity Fire and Protection, LLC
1670 E Cheyenne Min Blvd
Colorado Springs, CO 80906

Agent/Broker/Producer

PREMIUM FINANCE AGREEMENT
ACCOUNT NO. CO-3478462

SAUNDERS, DONNY 12039
425 N Circle Dr
Colorado Springs, CO 80909
(719) 633-5033

| Policy Eff Date | Term | Policy Number | Name of Insurance Company and Name and Address of General Or Policy Issuing Agent | R | Type of Coverage | Total Premium |
|-----------------|------|---------------|---|---|------------------|----------------------|
| 01/08/2019 | 12 | PFFGW | 20215-Colony RTax \$27.42 Fees \$120.00 | N | 55 COMM LIAB | \$794.00 \$147.42 |

| Creditor: Prime Rate Premium Finance Corporation, Inc. | | | Federal Truth in Lending Disclosures | | |
|--|-----------------------|--|---|---|---|
| (A) Total Premiums | (B) Cash Down Payment | (C) Amount Financed (The amount of credit provided to you or on your behalf) | (D) FINANCE CHARGE (The dollar amount the credit will cost you) | (E) Total of Payments (The amount you will have paid after you have made all payments as scheduled) | (F) ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate) |
| \$941.42 | \$327.00 | \$614.42 | \$110.94 | \$725.36 | 46.12 % |

Your PAYMENT SCHEDULE will be: * Includes a non-refundable service charge of \$25.00

| No. of Payments | Amount of Payments | When Payments Are Due |
|-----------------|--------------------|--|
| 8 | \$90.67 | On the 8 th Day of each month, Beginning 02/08/2019 |

SECURITY: You are giving a security (pledge to pay and all undivided or return premiums) and dividends which may become due under the policy(ies) being purchased.

FINANCE CHARGE: You will be charged \$150.00 for any payment received more than 10 days after the payment due date. If the Agreement insures a commercial risk, you will be charged 5% of the payment, subject to a \$10.00 maximum, for any payment received more than 10 days after the due date.

Cancellation Charge: You will be charged \$150.00 if Prime Rate cancels any insurance policy in accordance with the terms of this Agreement. If the Agreement insures a commercial risk.

Prepayment: If you voluntarily prepay in full prior to the last installment due date you will not be charged a prepayment fee and you may be entitled to a refund of part of the finance charge.

See Above: and on the last page of this document for any additional information about non-payment default, any repayment in full before the scheduled date, and repayment refunds and penalties.

In consideration of the payment(s) to be made by PRIME RATE PREMIUM FINANCE CORPORATION, INC. ("PR") to the above insurance companies ("Insurer(s)"), their agents, representatives, or producers, the ABOVE NAMED insured ("Insured") jointly and severally if more than one:

(1) Promises to pay to the order of PR at the above address, the Total of Payments in accordance with the Payment Schedule set forth in the above Truth-in-Lending Disclosures as well as any other sum due pursuant to this Agreement.

(2) Irrevocably appoints PR as Attorney-In-Fact with full authority to affect cancellation of the policies covered hereby or any substitution, rewrite or renewal thereof in accordance with the provisions herein, to receive all sums assigned to PR or in which it has granted PR a security interest. PR may execute and deliver on behalf of the Insured all documents, forms and notices relating to the policies covered hereby in furtherance of this Agreement. The Power of Attorney is coupled with an interest and the powers given herein may be exercised by the Attorney-In-Fact, or its successors and assigns.

(3) Acknowledges that it has received a copy of all pages of this Agreement and if the borrower is a consumer, the Insured acknowledges that he has received a copy of PR's Privacy Statement.

THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE FOLLOWING PAGE(S) OF THIS AGREEMENT

NOTICE: A. Read all pages of this Agreement before you sign. B. You are entitled to a completely filled in copy of this Agreement. C. Keep your copy of this Agreement to protect your legal rights. D. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge.

Donny Snider Donny Snider Owner 01-08-2019
INSURED'S NAME SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE TITLE DATE

INSURED'S NAME SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE TITLE DATE

AGENT/BROKER/PRODUCER'S CERTIFICATION

The Agent/Broker/Producer warrants and agrees: 1. The insurance policies listed on this Agreement are in force and the information and the premiums are correct. 2. The Insured has received a copy of this Agreement, has authorized this transaction and recognizes the security interest assigned herein. 3. All of PR's guidelines and eligibility requirements have been complied with. 4. A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Insured. 5. No audit or reporting fees, policies or policies subject to retrospective rating or minimum earned premiums are included, except as indicated. The deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies. 6. All of the policies are cancellable by the Insured and unearned premiums will be calculated on the standard short-rate or pro-rata basis. 7. To hold in trust for PR any payments made or credited to the Insured through us to its underwriter, directly or indirectly, actually or constructively by the insurance companies or PR and to pay the same as well as any required commissions to PR promptly upon demand to satisfy the outstanding indebtedness of the Insured. Any lien the undersigned has or may acquire in the return premiums arising out of the listed insurance policies is subordinated to PR's lien or security interest therein. There are no other liens on the covered premiums and all premiums will be paid to the Insured.

THE UNDERSIGNED FURTHER WARRANTS THAT IT HAS RECEIVED THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THE AGREEMENT AND IS HOLDING SAME OR THEY ARE ATTACHED TO THIS AGREEMENT

Malanie Zimmerman Malanie Zimmerman Sales Agent 01-06-2019
AGENT/BROKER/PRODUCER SIGNATURE OF AGENT/BROKER/PRODUCER TITLE DATE

REMAINING PROVISIONS OF PREMIUM FINANCE AGREEMENT

- (4) Assigns to PR as security for the total amount payable hereunder any and all unearned or return premiums and dividends which may become payable under the insurance policies covered by this Agreement and loss payments under said policies which reduce the unearned premiums (subject to any loss payee or mortgage interest), and hereby authorizes and instructs its insurer(s) to pay such funds or proceeds to PR. The Insured gives to PR a security interest in all items mentioned in this paragraph. The Insured further grants to PR its interest which may arise under any state insurance guarantee fund relating to any policy shown on the front of this Agreement.
- (5) Agrees in the event of a default in payment of any installment, PR may cancel the policies covered hereby after giving the notice required as prescribed by law. In case of cancellation, the unpaid balance due to PR shall be immediately payable by the Insured. The Insured understands PR may collect and enforce repayment of the indebtedness evidenced hereby without recourse to any security underlying this Agreement. If cancellation occurs, the Insured agrees to pay a finance charge on the balance due at the contract rate of interest until that balance is paid in full or until such other date as permitted by law.
- (6) Agrees that any payments made to PR after Notice of Cancellation has been mailed to the insurer will be credited to the Insured's account and shall not constitute reinstatement or obligate PR to request reinstatement of any insurance policy. Any sum received from an insurer shall be credited to the Insured's indebtedness to PR, and any surplus shall be paid to whomever it is entitled. If the refund is less than \$1.00, no refund will be made. In case of a deficiency, the Insured shall remain liable and pay the same with interest as set forth above. The Insured will not be required to pay an amount due under this Agreement that is less than \$5.00.
- (7) May voluntarily prepay the full amount due and under certain conditions be entitled to receive a partial refund of the FINANCE CHARGE computed in accordance with the method prescribed by law, after deducting any fully earned charge permitted by law.
- (8) Understands that the FINANCE CHARGE begins to accrue as of the earliest Policy Effective Date, unless otherwise specified.
- (9) Authorizes PR to correct or remedy any error or omission in the completion of this Agreement, the Insured will be notified at the address shown hereto of any change in Blocks (A) thru (F), or in the Federal Truth-In-Lending Disclosures or in the itemization of the Amount Financed Disclosures.
- (10) Warrants that each of the policies covered hereunder (or a binder thereof), except for policies written through residual markets, has been issued to the Insured, is in full force and effect and that no other power of attorney or other encumbrance or assignment is in effect nor will same be put into effect, except for the interest of mortgagees or loss payees, and agrees that all rights conferred upon PR shall inure to PR's successors or assigns.
- (11) Agrees that, in the event the total premiums are greater than that shown hereto, or if the Insured requests additional premiums be added or additional premiums financed, this Agreement may be amended to reflect the actual premiums and the Insured will either (i) pay the difference in premium due or (ii) pay any required additional down payment and any additional finance charge permitted by law. In such event PR will forward the Insured a revision notice showing all information required by law.
- (12) Agrees that (i) PR assumes no liability as an insurer, (ii) this Agreement shall not be effective until a written acceptance is mailed by PR, (iii) singular words used herein shall be deemed plural and vice versa as the sense of the Agreement demands, (iv) if any court of competent jurisdiction finds any part or provision of this Agreement to be invalid or unenforceable, such findings shall not affect any other part or provision.
- (13) Agrees that if this transaction is for other than personal, family or household purposes or more than the amount set by Federal law none of the provisions of the Federal Truth-In-Lending Act or the regulations promulgated thereunder shall apply.
- (14) Agrees that should a check be returned for insufficient or uncollected funds, PR may re-present the check electronically and collect a service fee electronically equal to the maximum fee allowed by law.
- (15) Agrees that if payment is made by check, PR may use the check solely as a source document and as the basis for an electronic transaction. Receipt of the check will be deemed to be authorization for an ACH debit to the Insured's account.
- (16) Agrees that any refunds may be applied against any prior debts owed PR.
- (17) Agrees that the insurance agent or broker named in this Agreement is the Insured's agent, not PR's, and PR is not legally bound by anything the agent or broker represents to the Insured orally or in writing.
- (18) Agrees that the money paid by PR is only for the premium as determined at the time the insurance policy is issued. PR's payment shall not be applied by the insurance company to pay for any additional premiums owed by the Insured as a result of any type of misclassification of the risk. The Insured agrees to pay the company any additional premiums which become due for any reason. PR may assign to the company any rights it has against the Insured for premiums due the company in excess of the premiums returned to PR.
- (19) Agrees that a \$5.00 Administration Fee will be applied to any refund check that falls under the Abandoned Property Procedures if permitted by law.
- (20) Agrees to pay reasonable attorneys fees and/or collection agency fees and all other costs of collection if this contract is referred for collection to any collection agency and/or attorney not a salaried employee of PR if permitted by law.
- (21) Understands this Agreement is not required as a condition of the Insured obtaining insurance coverage.
- (22) Waives and releases PR from any claims, lawsuits and causes of action which may be related to any prior loans and/or to any act or failure to act prior to the time this Agreement becomes a binding contract, pursuant to paragraph 12(ii). PR's liability for breach of any of the terms of this Agreement or the wrongful exercise of any of its powers shall be limited to the amount of principal balance outstanding, except in the event of gross negligence or willful misconduct. The laws of the State of Colorado will govern this Agreement and any claims against PR shall be litigated exclusively in the state or federal courts of South Carolina, for Florence County.
- (23) Represents that the Insured is not insolvent or presently the subject of any insolvency proceeding.
- (24) Agrees to pay to the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premiums advanced by PR which the insurance company retains if the insurance policy issued to the Insured is auditable or is a repeating term policy or is subject to retrospective rating.
- (25) Certifies that it is empowered to enter into this Agreement without any restrictions and that the individual signing it has been fully empowered to do so. To the extent that the Insured either possesses or claims sovereign immunity for any reason, such sovereign immunity is expressly waived and the Insured agrees to be subject to the jurisdiction of the laws and courts set forth in the preceding paragraphs.
- (26) Agrees that the money paid by PR is only for the premium as determined at the time the insurance policy is issued. PR's payment shall not be applied by the insurance company to pay for any additional premiums owed by the Insured resulting from any type of misclassification of the risk. The Insured shall pay to the insurer any additional premiums or any other sums that become due for any reason. If PR assigns the same account number to any additional extension or extensions of credit, (i) this Agreement and any other Agreement(s) identified by such account number shall be deemed to comprise a single and indivisible loan transaction, (ii) any default with respect to any component of such transaction shall be deemed a default with respect to all components of such transaction, and (iii) any unearned premiums relating to any component of such transaction may be collected and applied by PR to the totality of such transaction.

NOTICE: SEE PREVIOUS PAGE FOR IMPORTANT INFORMATION



Please read carefully: New financing procedures with Prime Rate Premium Finance Co.

Tapco is pleased to offer the attached pre-filled premium finance agreement through Prime Rate Premium Finance Corporation.

- If this is a new quotation and you are electing to Finance your premiums, please obtain the binder ID from a Tapco Underwriter prior to sending the loan agreement to Prime Rate using the instructions found below.
- If the attached finance agreement is accompanying a binder, the signed finance agreement and CIP information, if required, will need to be sent directly to Prime Rate using the instructions found below. Please send the down-payment along with the binder invoice, signed application, and state forms, directly to Tapco.
- If the attached finance agreement is accompanying a renewal quotation (prior to the effective date), please send the down-payment along with the signed application and other requested insurance information to Tapco. Please send the signed finance agreement and CIP information directly to Prime Rate using the instruction found below.

IMPORTANT INFORMATION related to the return of the premium finance agreement and the required CIP information on PERSONAL LINES policies:

Please note, that effective 12/15/2018, Prime Rate will NOT be able to accept any PERSONAL LINES premium finance agreements submitted for acceptance without all required CIP being on file. Please review the attached USA Patriot Act/Customer Identification Program (CIP) Disclosure Notice. If any required information is shown as missing, it must be provided or we will not be able to finance your insurance premiums. Commercial lines policies are exempt from CIP.

Mail: PO Box 100507, Florence, South Carolina 29502
Email: TAPCOprocessing@primeratepfc.com
Fax: 800-320-0414

For additional convenience, you can securely provide CIP data directly to Prime Rate by accessing Prime Rate's Online Inquiry system at any time after receiving this finance agreement and enter this information using the Account Number found in the upper right hand corner of the Finance Agreement

Agents: <https://www.primerateonline.net/webapps/prlogin.pgm?task=customer> Please note, on the left side of the sign in screen are instructions for agents on how to get setup for Agent Inquiry Access to the Prime Rate website.

Additional information on Prime Rate's CIP program is available by visiting their CIP Information page where a FAQ can be found <https://www.primeratepfc.com/cip>.

We apologize for any inconvenience this change in procedure might cause. If you have any questions, please contact Account Services at 1-800-334-5579, option 3. Thank you for your understanding and we appreciate your business!

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism, to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission, and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

Acceptance or Rejection of Terrorism Insurance Coverage

You must accept or reject this insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.


☐ **Coverage acceptance:**

I hereby elect to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act for a prospective premium of \$ 103.00. I understand that I will not have coverage for losses resulting from any non-certified acts of terrorism.

OR

☒ **Coverage rejection:**

I hereby decline to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act. I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

| | |
|---|---|
| <div style="text-align: center;"> _____ Policyholder/Applicant's Signature- Must be person authorized to sign for all insureds. <u>Denny Shobe</u> _____ Print Name <u>Dignity Fire Protection</u> _____ Named Insured <u>1/9/2019</u> _____ Date</div> | <div style="text-align: center;">_____ Colony Insurance Company Insurance Company _____ Policy Number _____ Submission Number _____ Producer Number _____ Producer Name _____ Street Address _____ City, State, Zip</div> |
|---|---|

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

**Rejection of Coverage by Corporate Officers or Members of a
Limited Liability Company (LLC)**

PART A

1. Type of Entity ☐ Corporation ☒ Limited Liability Company (LLC)
2. Name of Corporation or LLC Dignity Fire Protection, Co
3. Mailing Address 5745 Industrial Pl, suite E
Street or P.O. Box, Unit/Suite
Colorado Springs CO 80916
City State Zip
4. Nature of Business Fire Protection Service Provider
5. Federal Employer Identification Number 83-2688955 6. Business Phone 719-433-7740
7. Date of Incorporation or Organization 11/30/2018 8. State of Incorporation or Organization CO

9. Corporate Officers or LLC Members Rejecting Coverage:

| <u>Name</u> | | | | <u>Title(s)</u> | <u>Percent of Ownership/ Member Interest</u> |
|--------------|---------------|-------------|-------------------------------|-----------------|--|
| <u>First</u> | <u>Middle</u> | <u>Last</u> | <u>Suffix (Jr., Sr., III)</u> | | |
| Denry | | Shobe | | Member | 50% |
| Chassee | | Shobe | | Member | 50% |

10. Number of employees of the business other than the officers or members listed above: 0

11A. Does your company have workers' compensation insurance? ☐ Yes ☒ No

11B. If you answered "Yes" to Question 11A, please include your workers' compensation policy information below and submit this completed form directly to your carrier. If you answered "No" to Question 11A, please submit this completed form directly to the Colorado Division of Workers' Compensation.

a. Insurance carrier name _____ b. Policy Number _____

c. Effective Dates From _____ To _____

12. Certification:

I, Denry Shobe, in my capacity as Corporate Secretary or LLC Manager of
Name of Corporate Secretary or LLC Manager

Dignity Fire Protection, Co, certify that the above and attached information is correct and complete.
Name of Corporation or LLC



Signature of Corporate Secretary or LLC Manager

4-2-19

Date

C.R.S. Section 10-1-128(6)(a) states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION
**REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED
LIABILITY COMPANY (LLC)**

PART B - Corporate Officer or LLC Member Questionnaire

IMPORTANT: A separate Part B MUST be completed by every person listed in Part A.

1. Name of Corporation or LLC Dignity Fire Protection, Co
2. Mailing Address 5745 Industrial Pl, suite E
Street or P.O. Box, Unit/Suite
Colorado Springs CO 80916
City State Zip
3. Officer or Member Name Chassee Shobe
First Middle Last Suffix (Jr., Sr., III)
4. Corporate Officer Title Member 5. Business Phone 719-433-7740
6. Date Officer/Member Elected 11/30/2018
7. Duties performed for Corporation or LLC Manager
8. Mark ONE that Applies:

☒ I hereby elect to reject workers' compensation insurance coverage based on C.R.S. § 8-41-202 (Non- agricultural).
By signing this form, you are acknowledging your rejection of all benefits under the Workers' Compensation Act and that if you are hurt on the job, C.R.S. § 8-41-401(3) may limit your recovery to \$15,000. You are further acknowledging that you are an owner of at least 10% of the stock of the corporation or at least 10% of the membership interest of the LLC at all times, and control, supervise or manage the business affairs of the corporation or LLC. The election to reject workers' compensation insurance as a corporate officer/LLC member must be voluntary and cannot be a condition of your employment.

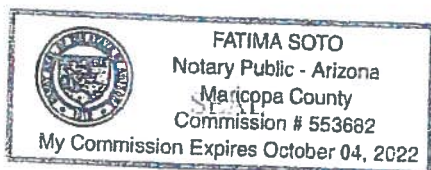
☐ I hereby rescind my previously filed rejection of coverage.

[Signature]
Corporate Officer/LLC Member Signature

4/2/19
Date

9. Notary: If this form is being filed with the Division of Workers' Compensation, the signature of the individual corporate officer or LLC member completing Part B must be notarized. If this form is being filed with your insurance carrier, please contact your insurance carrier to determine if they require this form to be notarized.

Acknowledged before me this 2 day of April.



Fatima Soto
Notary Public

In and for Maricopa County
and Arizona State.

My commission expires 10/04/2022.

C.R.S. Section 10-1-128(6)(a) states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies."

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION
**REJECTION OF COVERAGE BY CORPORATE OFFICERS OR MEMBERS OF A LIMITED
LIABILITY COMPANY (LLC)**

PART B - Corporate Officer or LLC Member Questionnaire

IMPORTANT: A separate Part B MUST be completed by every person listed in Part A.

1. Name of Corporation or LLC Dignity Fire Protection, Co
2. Mailing Address 5745 Industrial Pl, suite E
Street or P.O. Box, Unit/Suite
Colorado Springs CO 80916
City State Zip
3. Officer or Member Name Denry Shobe
First Middle Last Suffix (Jr., Sr., III)
4. Corporate Officer Title Member 5. Business Phone 719-433-7740
6. Date Officer/Member Elected 11/30/2018
7. Duties performed for Corporation or LLC Manager
8. Mark ONE that Applies:

- ☒ I hereby elect to reject workers' compensation insurance coverage based on C.R.S. § 8-41-202 (Non- agricultural).
By signing this form, you are acknowledging your rejection of all benefits under the Workers' Compensation Act and that if you are hurt on the job, C.R.S. § 8-41-401(3) may limit your recovery to \$15,000. You are further acknowledging that you are an owner of at least 10% of the stock of the corporation or at least 10% of the membership interest of the LLC at all times, and control, supervise or manage the business affairs of the corporation or LLC. The election to reject workers' compensation insurance as a corporate officer/LLC member must be voluntary and cannot be a condition of your employment.

- ☐ I hereby rescind my previously filed rejection of coverage.

[Signature]

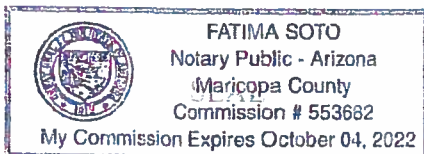
Corporate Officer/LLC Member Signature

4-2-19

Date

9. Notary: If this form is being filed with the Division of Workers' Compensation, the signature of the individual corporate officer or LLC member completing Part B must be notarized. If this form is being filed with your insurance carrier, please contact your insurance carrier to determine if they require this form to be notarized.

Acknowledged before me this 2 day of April



Fatima Soto

Notary Public

In and for Maricopa County

and Arizona State.

My commission expires 10/04/2022

C.R.S. Section 10-1-128(6)(a) states: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Dignity Fire Protection, Co., LLC

is a

Limited Liability Company

formed or registered on 11/30/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181940086 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/23/2019 that have been posted, and by documents delivered to this office electronically through 01/24/2019 @ 15:57:13 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/24/2019 @ 15:57:13 in accordance with applicable law. This certificate is assigned Confirmation Number 11350366 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



Requires:

2/20 FAZ

The individual indicated has passed protocol competency assessments demonstrating competency in the areas indicated on front. Guarantee of work is implied or provided.

ASSESSMENT LEGEND:

- AS 0# = Automatic Sprinkler
- FA# = Fire Alarm Systems
- FEX = Fire Extinguishers
- UFM# = Underground Private Fire Mains
- CKH# = Commercial Kitchen hoods
- SSPE# = Sprinkler Systems - Pre-engineered
- CTFH2 = Confidence Testing - Fire Hydrants
- KHFEZ = Kitchen Hood & Fire Extinguisher
- 0 C=Commercial, D=Domestic, R=Residential
- 2 = On-Site Competent/Responsible Person
- 4 = Business Certificate Holder / RMP

This card is the property of Equipliant Services & Assessments, LLC and is issued to the individual named on front. This card shall be surrendered upon request by a CSA staff member or authorized agent such as a fire marshal or code official. Other terms apply.

www.CSAexams.com

If found, please mail to:

CSA
P.O. Box 723 Grantville, PA 15058



**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Providing Certification Programs Since 1961



Approval Letter

Name: Denry W Shobe
Date of Award: March 27, 2019
Certification Number: 147509
Certification Expire Date: 06/01/2021

It is my pleasure to inform you that you have been awarded certification as follows:

FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL II

If this is your first award of NICET certification, the expiration date shown under your certification number establishes your three-year recertification cycle. If this is an upgraded certification or a certification in a new technical area, your three-year recertification cycle remains the same as previously established. Please refer to NICET Policy No. 30, *Continuing Professional Development*, for rules governing recertification.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very truly yours,

Michael A. Clark
General Manager

remove card slowly



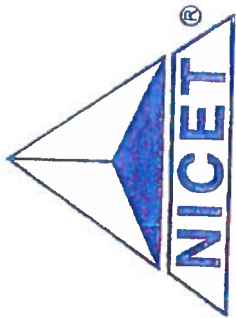
**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Denry W Shobe

FIRE ALARM SYSTEMS/II

**Denry W Shobe
61 w Southern Ave
Lot 26
Mesa, AZ 85210**

CERT NO. 147509 VALID THRU 06/01/2021



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Denry W Shobe

IS HEREBY AWARDED CERTIFICATION AT

LEVEL II

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
FIRE ALARM SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through June 1, 2021

CERTIFICATION NUMBER 147509

CHAIRMAN OF THE NICET BOARD OF GOVERNORS




A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

-  facebook.com/PPRegionalBuilding/
-  [@PPRBD](https://twitter.com/PPRBD)
-  [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

Invoice

4/10/2019 2:30:50 PM

(ROSE)

Receipt #: 1589290

Customer: Denry Shobe

| Transaction Summary | | | | |
|---------------------|-----------------|-------------|-----------|---------|
| Account | Description | | Reference | Amount |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | App Fee | \$50.00 |

Total Due: \$50.00

| Payment Summary | | | | |
|-----------------|-------------------|--|-----------|---------|
| Account | Description | | Reference | Amount |
| 9801-55200 | COLLECTION, CHECK | | 6224 | \$50.00 |

Total Tendered: \$50.00

Comment: APPLICAITON FOR FAC-B LICENSE

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 2336 E Magnolia Ave, Phoenix, AZ 85034

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$1800.00 Date: 02/15/2019 Your position: Fire Alarm Technician

Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. Changed alarm batteries.

2. Project Street Address: 1636 N Central Ave, Phoenix, AZ 85034

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$7860.00 Date: 01/28/2019 Your position: Fire Alarm Technician

Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. Set up monitoring through AES Radio.

3. Project Street Address: 518 S 3rd St, Phoenix, AZ 85004

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$3350.00 Date: 03/06/2019 Your position: Fire Alarm Technician

Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. Tracked down ground fault on panel.

4. Project Street Address: 470 W Vaughn St, Tempe, AZ 85283

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$15,750.00 Date: 04/01/2019 Your position: Fire Alarm Technician

Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. Multiple buildings and systems onsite.

5. Project Street Address: 1615 W 12th Pl, Tempe, AZ 85281

Type of work (check one) ☐ Residential ☒ Commercial

Cost: \$950.00 Date: 02/07/2019 Your position: Fire Alarm Technician

Describe Job in detail: Annual Inspection of Fire Alarm, Extinguishers, Emergency Lights. No deficiencies or additional work.

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Denny Shobe, Owner RME

Signature: 

Date: 4-23-19

EVIDENCE OF INSURANCE

Coverage afforded by the policy is provided by: **TAPCO Underwriters, Inc.**

Policy Number/Application Number: **PFPGW-M**

Insured's name, mailing address, and zip code:

**DENRY SHOBE
DIGNITY FIRE AND PROTECTION, LLC
1670 E CHEYENNE MTN BLVD
COLORADO SPRINGS, CO 80906**

Location of premises (If different than shown above)

Additional Interest, address and zip code:

**PPRBD
2880 INTERNATIONAL CIRCLE
COLORADO SPRINGS, CO 80910**

The POLICY PERIOD will begin on the date shown and will continue with no fixed date of expiration. The PREMIUM PERIOD will be Annual and begins on the same date shown.

The POLICY PERIOD and PREMIUM PERIOD will begin at 12:01 a.m. Standard Time On **01/08/2019 – 01/08/2020**

Insurance is provided as follows:

General Liability:

**\$ 2,000,000 General Aggregate
\$ 1,000,000 Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/ Advertising Injury
\$ 1,000,000 Each Occurrence limit
\$ 100,000 Damages to premises rented to you
\$ 5,000 Medical Payments
\$ **0 BI/PD Deductible per claimant**

Total annual premium \$941.42

PROVISIONS: This form is not the contract of insurance. The provisions of policy shall prevail in all respects.

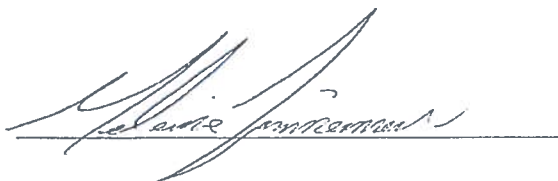
All premiums for the insurance policy shall be computed in accordance with Allstate's rules, forms, premiums and minimum premiums applicable to the insurance afforded which are in effect at the inception of the insurance and upon each anniversary thereof, including the date of interim changes.

It is understood that should the insurance protection evidenced herein terminate for any reason, due notice will be given to the Insured, to the mortgagee, and to all other interested parties in accordance with the standard mortgagee clause.

A copy of the Policy Declarations reflecting the annual premium will be sent, if required, to the mortgagee and to any other interested parties.

Authorized Agent: MELANIE ZIMMERMAN
THE SAUNDERS AGENCY
425 N CIRCLE DR
COLORADO SPRINGS, CO 80909
719-635-5053 OFFICE
719-635-5165 FAX

Agent Signature: Melanie Zimmerman

A handwritten signature in dark ink, appearing to read "Melanie Zimmerman", is written over a horizontal line.



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: PYE - BARKER FIRE & SAFETY, LLC

PRINCIPAL: BARTON PROCTOR

LICENSE HOLDER: RAYMOND CARNAHAN

RME: DEREK HORSEY

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 4/19/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

| PPRBD INFORMATION | NAME | DATE |
|---------------------------|---------|-----------|
| RECEIVED BY PPRBD | SABRINA | 4/18/2019 |
| CRIMINAL BACKGROUND CHECK | SABRINA | 4/18/2019 |
| SENT TO FIRE | SABRINA | 4/18/2019 |

| DEPARTMENT | NAME | DATE |
|-------------|--------------------|----------------|
| CSFD | Chip Taylor | 4/19/19 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS:

NEW Pye Barker has purchased Fire Inspections Plus, and is applying for new license under their new name.

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 4-18-2010
Initial GA
Receipt # 1591361
RBD # _____

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

☐ FAC-A ☒ FAC-B

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: **Pye-Barker Fire & Safety LLC**

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: **81-2883743**

Business Address: **942 Elkton Dr**

Street Address

Apartment/Unit #

Colorado Springs

Colorado

80907

City

State

ZIP Code

Business Phone: **719-392-1122**

Business Email: **flaggc@pyebarkerfire.com**

Business Fax: **303-294-0710**

Business Website: **Pyebarkerfire.com**

Company's Principal Officers, Partners, or Owners

Name: **Barton A Proctor** Title: **owner**

Name: _____ Title: _____

1. Number of years company has operated as a contractor? (If new, write "new") **78**

2. Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

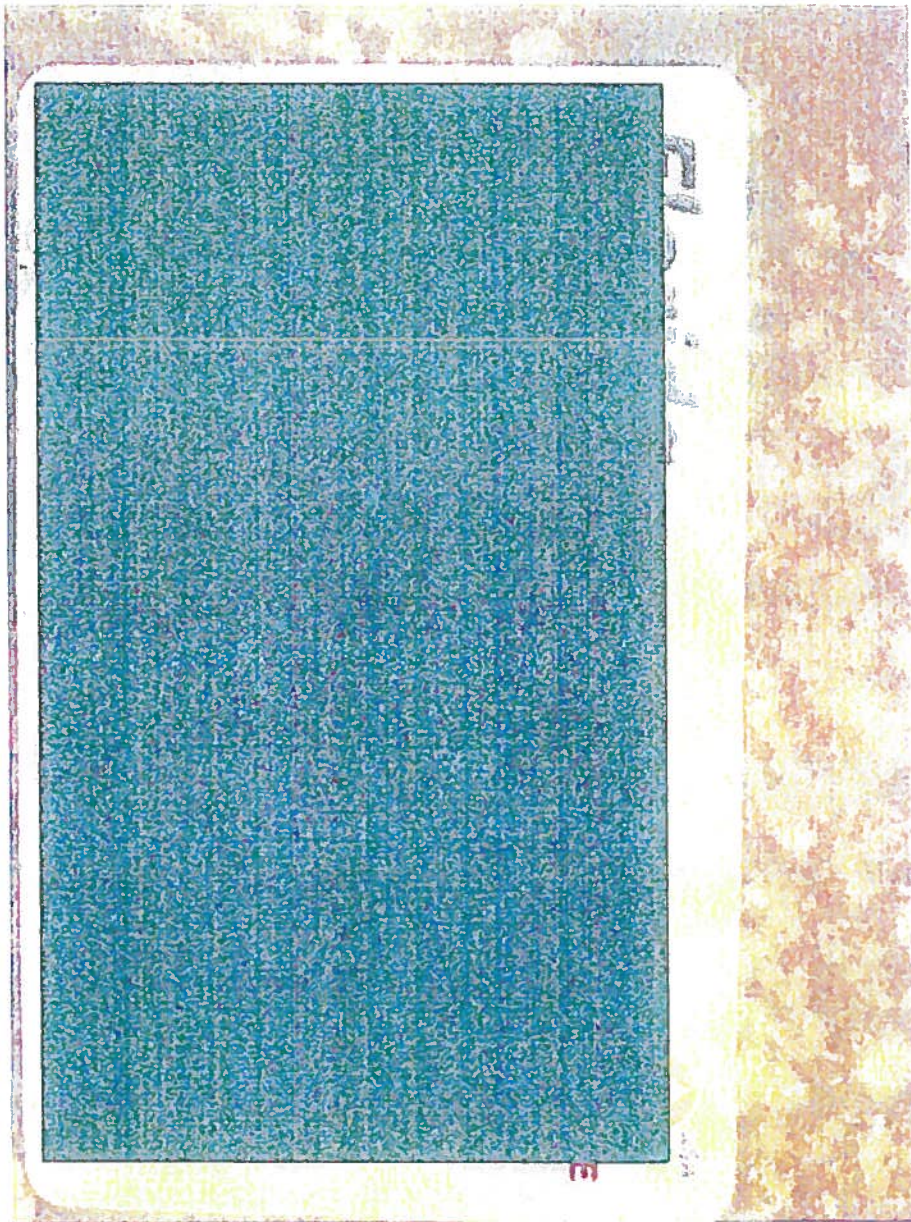
5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Licenses held by the Company

| Jurisdiction - License type and number | Jurisdiction- License type and number |
|--|---------------------------------------|
| Denver Electrical Signal 22154 | City of Fort Collins- Fire 00138838 |
| City of Black Hawk Contrator CN-275 | |
| Denver Fire Pro A 7292 | |
| City of Boulder Contractor Fire 00991861 | |



Licensee Information

Legal Name: Carnahan Raymond [REDACTED] M.I.
Last First
 Date of Birth: 09/11/1962 Social Security Number: [REDACTED]
 Address: 1006 Palacio View 104
Street Address Apartment/Unit #
Colorado Springs Colo 80910
City State ZIP Code
 Phone: 719-233-4244 Fax: 303-294-0710 Email: carnahanr@pyebarkerfie.com

- What is your area of expertise in the industry? fire extg sprinkler alarm backflow
- How long have you worked in the industry? 15years
- What is your affiliation with the company? (Owner, partner, employee, etc.) manager
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certification

| NICET # | NICET Level | Expires |
|----------|-------------|---------|
| P.E. # | Issued | Expires |
| D.O.T. # | Issued | Expires |

Work History

| Company | Position | To | From |
|-----------------------|--------------|------|---------|
| RockY mnt fire | manager | 2006 | 2002 |
| Sentry Fire | service tech | 2006 | 2012 |
| Fire Inspections Plus | manger | 2012 | present |

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Raymond Carnahan Manger
 Signature of (Licensee): [Signature] Date: 4/12/2019

2810 International Circle Colorado Springs, CO 80910 Telephone 719-527-2887 Fax 719-527-2951

Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name: Louis Greway
Address: 1294 S. Inca Street
Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

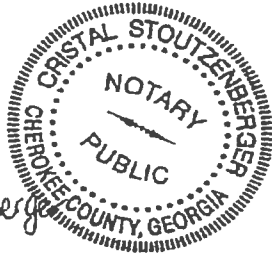
Signature of person giving power of attorney

Barton A. Proctor, President
Printed name and title

Notary Public Signature

Printed name of notary

Cristal Stoutzenberg



Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 2900 Fox St Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 55K Date: 11/30/2017 Your position: installer-design

Describe Job in detail: ground up building installed fire alarm system

2. Project Street Address: 4800 E 48th Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 8K Date: 1/31/2019 Your position: installer-design

Describe Job in detail: replacement of existing fire alarm panel

3. Project Street Address: 1770 21st st Boulder

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 14K Date: 9/28/2018 Your position: installer-design

Describe Job in detail: installation of new fire alarm system

4. Project Street Address: 570 W 44th Denver

Type of work (check one) ☐ Residential ☐ Commercial

Cost: 12K Date: 11-30-2018 Your position: Installer-design

Describe Job in detail: installation of fire alarm system

5. Project Street Address: 1450 e 62nd ave Denver

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 18K Date: 10/31/2018 Your position: installer-design

Describe Job in detail: installation of fire alarm system

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print name and title (owner, principal or manager) Louis R Greway manager

Signature: 

Date: 4/15/2019

Responsible Managing Employee (RME) Information

Legal Name: Horsey Derrick M
Last First M.I.

Date of Birth: 06/14/1985 Social Security Number: [REDACTED]

Address: 10797 Madison Way Northglenn CO 80233
Street Address City State ZIP Code

Phone: _____ Fax: _____ Email: _____

1. What is your area of expertise in the industry? Fire detection Installation, Service, Inspection
2. How long have you worked in the industry? 2006 - present
3. What is your affiliation with the company? (Owner, partner, employee, etc.) employee
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|-----------------|-----------------|-----------------|
| <u>121627</u> | <u>Level II</u> | <u>02/01/20</u> |
| <u>P.E. #</u> | <u>Issued</u> | <u>Expires</u> |
| <u>D.O.T. #</u> | <u>Issued</u> | <u>Expires</u> |

Work History

| Company | Position | To | From |
|----------------------|-------------|------------------|------------------|
| <u>Pye Barker</u> | <u>Tech</u> | <u>Jan 1</u> | <u>present</u> |
| <u>Sentry Fire</u> | <u>Tech</u> | <u>Oct 2017</u> | <u>Dec 2018</u> |
| <u>Vanguard Fire</u> | <u>Tech</u> | <u>July 2017</u> | <u>Sept 2017</u> |

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Derrick Horsey / Technician

Signature of (RME): [Signature] Date: 3/23/19

Derick M. Horsey

10797 Madison Way, Northglenn CO 80233 | 720-251-3715 | DerickHorsey@gmail.com

ABOUT ME:

I am a self-motivated leader eager to expand my knowledge and experience. I am passionate about providing quality workmanship. I have a strong work ethic which can inspire others around me. I possess the ability to move with changes, learn, and adapt to meet my goals. I work effectively in a fast-paced environment by consistently prioritize tasks to meet deadlines. My professional skills and attention to detail have been noted by past employers.

Education

- DeVry University Westminster Co.
- AA in Electronics and Computer Technology | October 2005

Experience

June 2017 – August 2017

Alarms and Detection Technician | Vanguard Fire Sys. | Pflugerville, TX

While at Vanguard Fire I was responsible for Inspections and service repair. I would work closely with the office management to facilitate in all aspects of the job to be done.

March 2017 – May 2017

Alarms and Detection Technician | Western States Fire Protection | Austin TX

My primary responsibilities were servicing and installing fire alarm equipment. My secondary responsibility was to assist in educating the apprentice technician on acceptable standards for the installation of systems in a variety of structures.

July 2013 – October 2016

Fire Alarm Technician | Sentry Fire and Safety | Denver CO

My responsibilities were varied, I would perform all aspects of Fire alarm system implementation. From plan development, submittal and review process with the AHJ, to installation and finally commissioning of the systems. I was also required to plan organize my monthly quota of fire alarm Inspections. Lastly, I was required to perform troubleshooting and service repair of fire alarm systems when asked. My greatest accomplishment at Sentry Fire was project foreman on many start to finish installations.



**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Derick M. Hersey

FIRE ALARM SYSTEMS/II

CERT NO. 121627 VALID THRU 02/01/2020

STATE OF COLORADO
Division of Fire Prevention and Control



19-S-04101

Be It Known That
Pye Barker Fire & Safety Inc.
Brad Reading Sprinkler Fitter-RME
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On
January 1, 2019

Expiring On, Unless Earlier Revoked

December 31, 2019

In Accordance With
§ CCR 1507-11

Fire & Life Safety Section
Division of Fire Prevention & Control
700 Kipling Street, Suite 4100
Denver, CO 80215

Mike Morgan, Director



City of Black Hawk

BUSINESS LICENSE

LICENSE VALID JANUARY 1, 2019 THROUGH JANUARY 1, 2020

| LICENSE FEE | OCCUPATIONAL TAX | TOTAL PAID |
|-------------|------------------|------------|
| \$50 | \$0 | \$50 |

License Number: CN-275
Classification: Contractor
Filing Frequency: Annually
Contact: Louis Greway
Mailing Address: **Pye-Barker Fire & Safety LLC**
Sentry Fire & Safety Inc
1294 S INCA ST
DENVER, CO 80223
Business Address: **Pye-Barker Fire & Safety LLC**
Sentry Fire & Safety Inc
1294 S INCA ST
DENVER, CO 80223



BLACK HAWK

City of Black Hawk
PO Box 68
201 Selak Street
Black Hawk, CO 80422
303-582-2221
www.cityofblackhawk.org

OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC22154
Expiration Date: 04/30/2021
License Type: Electrical Signal

Issued To:

By Authority of the Executive Director of
Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-352900 | 12/14/2001 | 01166209 | Paid |
| \$75.00 | 01010-0141140-352900 | 12/26/2002 | 02160287 | Paid |
| \$75.00 | 01010-0141200-352900 | 01/13/2004 | 04004231 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System. 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: **MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.**

Cut on outside of line, then fold in half.

| City and County of Denver | | City and County of Denver | |
|---|----------|---|--------------|
| IDENTIFICATION CARD | | Community Planning and Development | |
| License/Registration No.: | LIC22154 | 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202 | |
| This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless license is revoked. | |  | |
| By Authority of the Executive Director of Community Planning and Development | | Licenses & Certificates: | 720.865.2770 |
| | | Permit Counter: | 720.865.2705 |
| | | Inspection Administration: | 720.865.2505 |
| | | Automated Inspection Request: | 720.865.2501 |

LIC. 100 (4/100) CPDA

LIC 100 (4/100) CPDA #127105

City and County of Denver

Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number:

LIC7292

Expiration Date: 02/28/2021

License Type: Fire Pro A

Issued To:

**By Authority of the Executive Director of
Community Planning and Development**

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-355600 | 01/24/2001 | 01009992 | Paid |
| \$80.00 | 01010-0141200-355600 | 02/08/2011 | 11011041 | Paid |
| \$75.00 | 01010-0141140-355600 | 12/14/2001 | 01166211 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

file. Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver

IDENTIFICATION CARD

License/Registration No.: LIC7292

This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked.

**By Authority of the Executive Director of
Community Planning and Development**



DENVER
THE BEST PLACE TO LIVE

**City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEPT 205
DENVER, COLORADO 80202**

Licenses & Certificates: 720.865.2770
Permit Counter: 720.865.2705
Inspection Administration: 720.865.2505
Automated Inspection Request: 720.865.2501

LIC: 100 (4/100) CPDA



City of Boulder Planning & Development Services

1739 Broadway, Third Floor, Boulder CO 80302 | PO Box 791, Boulder CO 80306-0791
P: 303-441-1880 F: 303-441-4241 | BoulderPlanDevelop.net | plandevelop@bouldercolorado.gov

February 05, 2019

CONTRACTOR LICENSE

This document certifies that PYE-BARKER FIRE & SAFETY, LLC currently holds the following contractor license:

License #

LIC-00991861

License Type

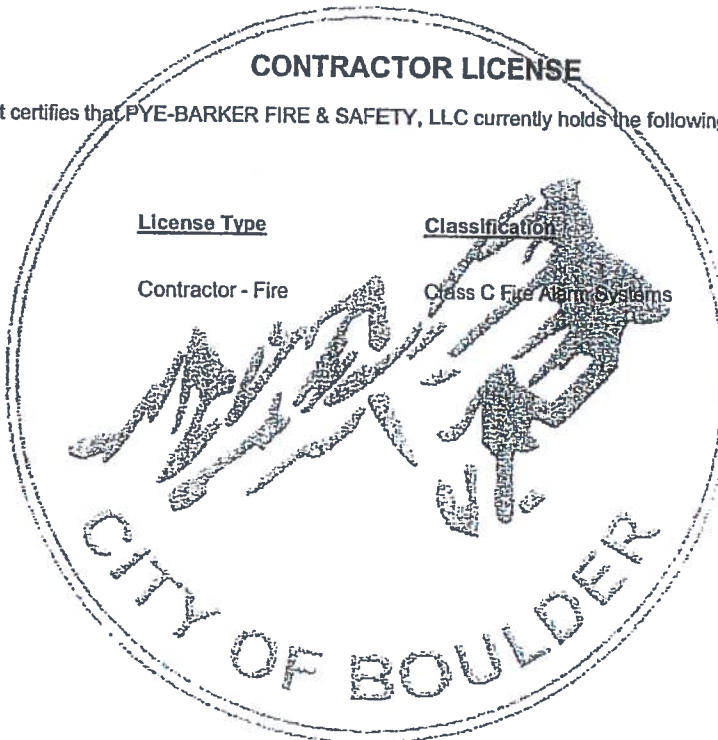
Contractor - Fire

Classification

Class C Fire Alarm Systems

Expiration Date

02/05/2020





City and County of Broomfield
One DesCombes Drive
Broomfield, Colorado 80020

Contractor's License

No: OL-20-13355

**PYE BARKER FIRE & SAFETY INC
1294 S INCA ST
DENVER, CO 80223**

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

**Effective Date: 04/04/2019
Expiration Date: 04/03/2020**

Timothy Pate, Chief Building Official

Contractor Wallet ID Card

Cut on outside line and fold to fit.

| | |
|--|--|
| | <p>Issued to: PYE BARKER FIRE & SAFETY INC Address: 1294 S INCA ST DENVER, CO 80223 License No.: OL-20-13355</p> <p><small>This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.</small></p> <p>Effective Date: 04/04/2019 Expiration Date: 04/03/2020</p> <p>Timothy Pate Chief Building Official</p> |
| <p>Information needed to request an inspection:</p> <ul style="list-style-type: none">>> Permit Number>> Address of Inspection>> Type of Inspection>> Date of Requested Inspection>> Name and phone number of person requesting inspection | <p>City and County of Broomfield One DesCombes Drive Broomfield, CO 80020</p> <p>Inspection Line: 303.438.6376 Building Division: 303.438.6370 Fax: 303.438.6207</p> |



4-15-2019

Pikes Peak Regional Building Dept
2880 International Circle
Colorado Springs, Colorado 80910

RE: Application for FAC-B Fire Alarm

To Whom It May Concern:

This letter is to attest that Derick Horsey our RME for Fire alarm is a full time employee of Pye-Barker Fire & Safety LLC .

Sincerely,


Louis R Greway, Manager
Pye-Barker Fire & Safety LLC
Off: 303-294-0708
Cell 720-271-0966

400 NORTH HAWKINS CENTER
11605 HAYNES BRIDGE RD STE 350
ALPHARETTA, GA 30009
(678) 281-6143 toll free (800) 927-8610
www.pye-barker-fire.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh & McLennan Agency LLC
2301 Sugar Bush Road
Suite 600
Raleigh NC 27612

CONTACT NAME:

PHONE (A/C, No. Ext): 919-788-7171

FAX (A/C, No): 919-782-1841

E-MAIL ADDRESS: Certificates@MarshMMA.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Everest Indemnity Insurance Company

10851

INSURER B: Depositors Insurance Company

42587

INSURER C: National Union Fire Ins Co PittsburghPA

19445

INSURER D: Nationwide Mutual Insurance Company

23787

INSURER E: Aspen American Insurance Company

43460

INSURER F: Evanston Insurance Company

35378

INSURED
Pye-Barker Fire & Safety, LLC*
PO Box 69 Roswell, GA, 30077
11605 Haynes Bridge Rd, Ste 350
Alpharetta GA 30077

COVERAGES

CERTIFICATE NUMBER: 1176231469

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|---|----------------------------------|--|----------------------------------|----------------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | 51GL0034900191 | 1/1/2019 | 1/1/2020 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | BAPD3028192010 | 1/1/2019 | 1/1/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A E | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | 51CC001080191 CX00AD619 | 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 Excess Liability \$20,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| F D C | Professional/Pollution Leased/Rented Equipment Fidelity | | MMAENV001290 CIM3028192010 061813109 | 1/1/2019 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 1/1/2020 | \$1,000,000 Limit \$100,000 \$2,000,000 per item per loss |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**DBA's: PB Parent, LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Ace Fire Equipment; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. d/b/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire Pro, Inc.; DBA Fire X Services, LLC; DBA Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety; DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA Myrtle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety; DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs CO 80910

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Katryn Jade Wood



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

- facebook.com/PPRegionalBuilding/
- @PPRBD
- @ppregionalbuilding

Invoice

4/18/2019 9:14:37 AM

(SABRINA)

Receipt #: 1591361

Customer: PYE- BARKER FIRE & SAFETY, LLC

| Transaction Summary | | | | |
|---------------------|-----------------|-------------|-----------|---------|
| Account | Description | | Reference | Amount |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |

Total Due: \$200.00

| Payment Summary | | | | |
|-----------------|-------------------|--|-----------|---------|
| Account | Description | | Reference | Amount |
| 9801-55200 | COLLECTION, CHECK | | 1125 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1127 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1129 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1131 | \$50.00 |

Total Tendered: \$200.00

Comment:



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: PYE - BARKER FIRE & SAFETY, LLC

PRINCIPAL: BARTON PROCTOR

LICENSE HOLDER: RAYMOND CARNAHAN

RME: GEORGE MALARCHIK

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 4/19/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

| PPRBD INFORMATION | NAME | DATE |
|---------------------------|---------|-----------|
| RECEIVED BY PPRBD | SABRINA | 4/18/2019 |
| CRIMINAL BACKGROUND CHECK | SABRINA | 4/18/2019 |
| SENT TO FIRE | SABRINA | 4/18/2019 |

| DEPARTMENT | NAME | DATE |
|-------------|--------------------|----------------|
| CSFD | Chip Taylor | 4/19/19 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS:

NEW Pye Barker has purchased Fire Inspections Plus, and is applying for new license under their new name.

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 4-18-2019Initial SEReceipt # 1591361

RBD #

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)☒ FSC-A☐ FSC-B☐ FSC-C☐ FSC-D☐ FSC-H☐ FSC-M**Business Information**Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLCBusiness Name: Pye-Barker Fire & Safety LLC

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 81-2883743Business Address: 942 Elkton Dr

Street Address

Apartment/Unit #

Colorado SpringsColorado80907

City

State

ZIP Code

Business Phone: 719-392-1122Business Email: flaggc@pyebarkerfire.comBusiness Fax: 303-294-0710Pyebarkerfire.com

Company's Principal Officers, Partners, or

Name: Barton A Proctor

Owner

Name: _____

Name: _____

1. Number of years the company has operated (_____) 78

2. What is the company's area of specialization? _____

products

Type of work performed? (Check one or both)

Residential ☐ Commercial ☒3. Has the company ever been named in or responsible for any entered judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

ROY
CORNALLAN
719 233 4244

1. Project Street Address: MINIMUM ASSET CORP 7990 ARCO CORP DR. ROUNDAKE NC

Type of work (check one) ☐ Residential ☐ Commercial

Cost: 8000 Date: ANNUAL Your position: LICENSE HOLDER

Describe Job in detail: INSPECTION AND SERVICE FOR BAKER CREEK SHOPPING

2. Project Street Address: 5812 MAGELLAN WAY, MARINER'S CROSSING

Type of work (check one) ☐ Residential ☐ Commercial

Cost: 13,000 Date: 11/14/2017 Your position: LICENSE HOLDER

Describe Job in detail: RESTORE 3 SPRINKLER SYSTEMS AFTER CAR FIRE SET BUILDING ON FIRE.

3. Project Street Address: BELIT HORIZONS, 2352 SOHI DRIVE, DUEHAM NC

Type of work (check one) ☐ Residential ☐ Commercial

Cost: 26,000 Date: 8/29/18 Your position: LICENSE HOLDER

Describe Job in detail: BRING DC 8" BACKFLOW OUT OF PIT ABOVE GROUND INSTALL NEW 8" RPZ BACK FLOW.

4. Project Street Address: BROOKE DALE, 19 REGIONAL DRIVE, PINEHURST NC

Type of work (check one) ☐ Residential ☐ Commercial

Cost: 1,865 Date: 11/16/17 Your position: LICENSE HOLDER

Describe Job in detail: PERFORM 5 YEAR INSPECTION AND REPLACE AIR COMPRESSOR FOR FIRE SYSTEM.

5. Project Street Address: S J A F B, GOLDSBORO NC

Type of work (check one) ☐ Residential ☐ Commercial

Cost: 10,000 Date: 4/11/2018 Your position: LICENSE HOLDER

Describe Job in detail: REMOVE FROM SITE 750 GALLONS OF FOAM AFFF, DUE TO HANGER DEMO @ AIR FORCE BASE.

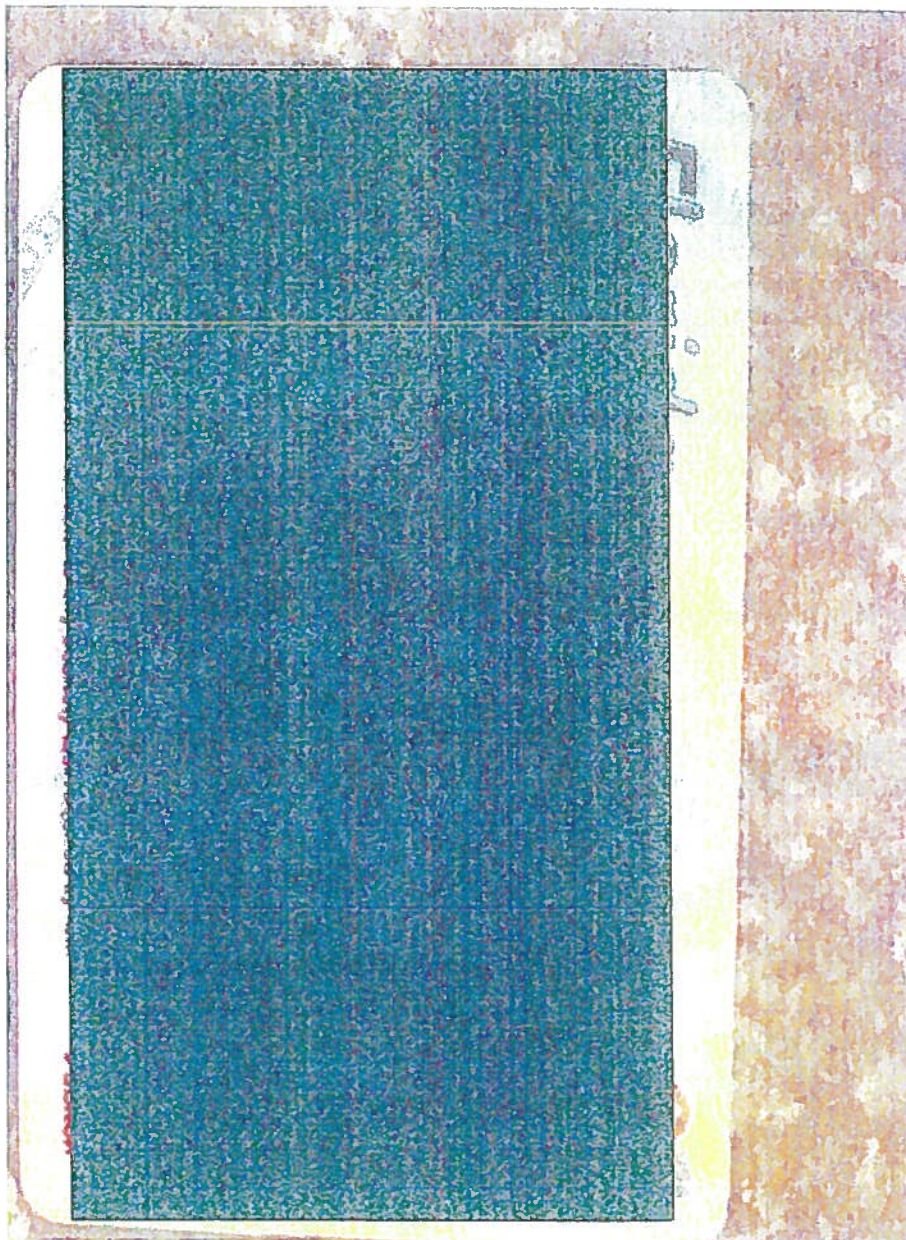
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) GEORGE T MALARCHUK

Signature: [Signature] Date: 4/4/19

[Signature]

4-16-19



Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name: Louis Greway
Address: 1294 S. Inca Street
Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

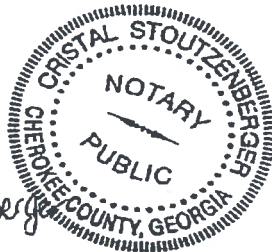
Signature of person giving power of attorney

Barton A. Proctor, President
Printed name and title

Notary Public Signature

Printed name of notary

Cristal Stoutzenberger



Responsible Managing Employee (RME) Information

Legal Name: MALARCHIK GEORGE T
Last First M.I.

Date of Birth: 4/17/1969 Social Security Number: [REDACTED]

Address: 2220 MEADOWHILL RD
Street Address Apartment/Unit #
WINSTON-SALEM NC 27106
City State ZIP Code

Phone: 919-628-3374 Fax: 919-779-4014 Email: MALARCHIK@PVEBARKERFI.com

- What is your area of expertise in the industry? FIRE PROTECTION DESIGN / INSPECTIONS
- How long have you worked in the industry? 29 YEARS
- What is your affiliation with the company? (Owner, partner, employee, etc.) EMPLOYEE
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|---------------|---------------------------|-------------------|
| <u>127305</u> | <u>3 DESIGN 3 INSPECT</u> | <u>11/01/2021</u> |
| P.E. # | Issued | Expires |
| | | |
| D.O.T. # | Issued | Expires |
| | | |

Work History

| Company | Position | To | From |
|------------------|-----------------------|-------------|----------------|
| <u>PVEBARKER</u> | <u>LICENSE HOLDER</u> | <u>2017</u> | <u>CURRENT</u> |
| <u>WOLVERINE</u> | <u>DESIGN</u> | <u>2008</u> | <u>2009</u> |
| <u>FESS</u> | <u>LICENSE HOLDER</u> | <u>2005</u> | <u>2008</u> |

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): GEORGE T MALARCHIK C.E.T

Signature of (RME): [Signature] Date: 3/20/2019

Legal Name: Carnahan Raymond [REDACTED] M.I.
Last First
 Date of Birth: 09/11/1962 Social Security Number: [REDACTED]
 Address: 1006 Palacio View 104
Street Address Apartment / Unit #
Colorado Springs Colo 80910
City State ZIP Code
 Phone: 719-233-4244 Fax: 303-294-0710 Email: carnahanr@pyebarkerfile.com



4-15-2019


Pikes Peak Regional Building Dept.
2880 International Circle
Colorado Springs, Colorado 80910

RE: Application for FSC-A Fire suppression

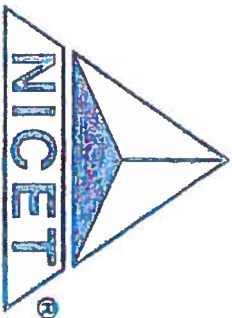
To Whom It May Concern:

This letter is to attest that George Malachuk, our RME for Fire Suppression is a full time employee of Pye-Barker Fire & Safety LLC.

Sincerely,


Louis R. Grew, Manager
Pye-Barker Fire & Safety LLC
Off: 303-294-0708
Cell 720-271-0966

400 NORTH HIGHLANDS CENTER
11605 HAYNES BRIDGE RD STE 350
ALPHARETTA, GA 30009
(678) 281-6143 toll free (800) 927-8610
www.pye-barker.com



**NATIONAL INSTITUTE FOR CERTIFICATION
IN ENGINEERING TECHNOLOGIES®**

Providing Certification Programs Since 1961

BE IT KNOWN THAT

George T Malarchik

**IS HEREBY AWARDED CERTIFICATION AT
LEVEL III**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
WATER-BASED SYSTEMS LAYOUT**

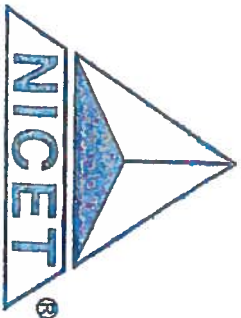
**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through November 1, 2021

CERTIFICATION NUMBER 127305

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

George T Malarchik

**IS HEREBY AWARDED CERTIFICATION AT
LEVEL III**

**IN FIRE PROTECTION ENGINEERING TECHNOLOGY
INSPECTION AND TESTING OF WATER-BASED SYSTEMS**

**BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,
EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.**

Certification Valid through November 1, 2021

CERTIFICATION NUMBER 127305

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

George Malarchik

Service / Sales / Design Manager / Sr Sprinkler Engineer

Cary, NC 27518

gmalarchik@me.com – 919-628-3374

Seeking a new opportunity in Fire Protection Management utilizing my Level III Nicet licenses in two disciplines along with my proficiency in estimating, design, & management experience. Nicet Level 1 Fire Alarm Inspections. Authorized to work in the US for any employer

WORK EXPERIENCE

Master License Holder – Fire Sprinkler Design, Install, Service and Inspections.

Pye Barker Fire and Safety.

Run and Manage 30 inspectors and service crew members in NC and SC

Design and Install projects under 100k with 3 install crews.

Management of Backflow Testing and Inspections.

Bridgestone, Firestone, Goodyear, Cargill, Duke University. Some of the bigger clients I have handled over the years.

Sr Designer

Wolverine Fire Protection Company. - Las Vegas, NV - June 2016 to December 2016

Designed Fire Sprinkler systems for LAX Airport in LA C.A., San Francisco Airport, Google and Local Jobs in Las Vegas.

3D BIM 360 GLUE and Navis Works Manage 3d Bim Coordination

Project Manager / Engineer.

Virginia Sprinkler Company. "VSC" - Raleigh, NC - April 2016 to June 2016

Responsibilities

Design fire sprinkler systems

Stock listing systems

Field Surveys

Help on Take offs for Sales Quotes

Project Management from Takeoff through Design to Install.

Skills Used

SprinkCAD

AutoCAD

Excel

Word

License Holder / Sales Manager / Engineer

Commercial Services, Inc. - Morrisville, NC - 2013 to 2016

Responsibilities:

I started the Fire Sprinkler business for Commercial services, at first selling, designing, inspections, back flow testing and installing all the work individually for 6 months with help from the companies employees in the Hood Suppression side.

Set up and requisitioned all tools and materials required for set up of the Sprinkler Trucks.

Sold, Implemented, Managed a 7000 Domestic Irrigation back flow testing program, from selling the project to management and Tablet Software Integration with Data input on back flow test reports. 5 year contract.

Bid contract work, service work, deficiencies from NFPA 25 inspections.

Bid corporate inspections and stand-alone companies.

Designed all Sprinkler work

Scheduled man power for jobs.

Managed to meet Quarterly Sales quotas every quarter for 4 years.

Fire Protection Designer/Inspections/Service Manager

NC and SC - June 2012 to March 2013

Piedmont Fire Protection as the Service/Inspection/Small contract Manager. 02/14/2012 08/12/2012

Skills & • Proficient in all tasks involving fire sprinkler design

Responsibilities including; pricing, estimating, fabrication installation and project management.

• Design & Install wet-pipe, system layout, dry chemical, pre- action, foam systems, fire pumps etc.

- Manage water demand analysis and hydraulic calculations.
 - Perform inspections of water based systems.
 - Project Design, budget, & cost estimates for Government, Military, Educational, Industrial, & Commercial buildings.
 - Review prints and product data for engineering job approval.
 - Water storage tanks
 - FM 200.
 - Excellent communication and writing skills.
 - Operation of heavy equipment, back hoes, tractors, dump trucks, boom lifts.
 - Underground Repairs, Inspections and sales.
- Earning my NICET Level 3 for Inspections.

Lead Inspector

• Fire Life Safety America. 6/10/2010 - 2/10/2012 - Raleigh, NC - June 2010 to October 2012

Responsibilities

Performing Inspections on 90+ Building at DUKE University in Durham NC.

Accomplishments

Ensured the Flow Switches on the Dorms were working fully after finding most of them were not wired or bypassed.

Finding an FDC on top of a Building instead of a Roof Hydrant. when I opened the valve to test the valves on the roof no water come out. so I shut the water off and removed the second cap to find a Swing Check.

This was replaced shortly after.

A good man Jim Longest from an old company Automatic sprinkler told me and others during a training session "It has not been inspected until I have inspected it" no matter how old the building or site is. if you keep this in mind and inspect like its the first time every time you step foot on a inspection you have not personally been before you will find things that will amaze you. and keep in mind sites you been to already can change from other companies doing work there during the year. never take for granted that a site has not changed.

Skills Used

Common Sense and NFPA 25

Fire Sprinkler Design Manager

PDC Engineering - Raleigh, NC - 2005 to 2010

Responsibilities

Designed over 100 High, Middle, Elementary Schools for the State of NC.

This work included Hospitals and Industrial projects.

Fire Protection systems with Fire Pumps, Water Towers and Underground.

- Write Job Specifications for Division 21 and 1500 style specifications.
- Submittal process for State Construction and the Department of Insurance.

Accomplishments

I earned my NICET Level 3 on my own while working for this PME Engineering Firm also earning my NICET Level 2 at the same time for Inspections and Testing of water based systems.

Earning my NC and SC Contractors License in 2010.

Skills Used

HydraCADD, HydraList, HydraCALC. AutoCADD, TOLCO Seismic design software.

Service Tech

SimplexGrinnell - Raleigh, NC - August 2001 to May 2005

service and small contract foremen.

US Navy Reserve - Damage Control Fire Fighting.

United States Navy - Treasure Island, CA - April 1998 to May 2001

Graduated with Honors.

Served on board the USS Thomas C Hart. FF-1092

Persian Gulf Vet.

Visit my Linked in Page.

SKILLS

HydraCAD (5 years), AutoSPRINK (6 years), AutoCAD (10+ years), SprinkCAD (5 years), ProCAD (1 year), Navis works Manage (3 years), Bim 360 GLUE (1 year)

MILITARY SERVICE

Service Country: United States

Branch: USNR

Rank: E-3

AWARDS**Certificate of Merit USN**

May 1988

For Graduating with 97 or above grade average in Damage Control A School.

CERTIFICATIONS/LICENSES**NICET III**

May 1995 to December 2021

Design of water based fire sprinkler systems.

NICET III

August 2010 to December 2021

Inspections and Testing of Water Based systems.

NICET I

Fire Alarm Inspections – Current to Dec 2021

NC Sprinkler Contractors License

Current. To 2021

SC Sprinkler Contractors License

Current. To 2021

Back Flow Prevention.

December 2021

Have kept this updated for 11+ years.

Charolette, Winston Salem, Fayetteville, Raleigh, Durham, Cary, Greensboro and Mooresville.

GROUPS**SFPE**

May 2005 to Present

Society of Fire Protection Engineers NC Chapter

ASPE

Joined after obtaining my NICET Level 3 for Design while employed at PDC Engineering.

My Mentor and Boss Hank Homani P.E. was a Engineering Professor at NC State such a joy to work with Hank the last few years before he retired.

STATE OF COLORADO
Division of Fire Prevention and Control



19-S-04701

Be It Known That
Pye Barker Fire & Safety Inc.
Brad Reading Sprinkler Fitter-RME
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On
January 1, 2019

Expiring On, Unless Earlier Revoked

December 31, 2019

In Accordance With
8 CCR 1507-11

Fire & Life Safety Section
Division of Fire Prevention & Control
700 Kipling Street, Suite 4100
Denver, CO 80215

Mike Morgan, Director



City of Black Hawk

BUSINESS LICENSE



LICENSE VALID JANUARY 1, 2019 THROUGH JANUARY 1, 2020

| LICENSE FEE | OCCUPATIONAL TAX | TOTAL PAID |
|-------------|------------------|------------|
| \$50 | \$0 | \$50 |

License Number: CN-275
Classification: Contractor
Filing Frequency: Annually
Contact: Louis Greway
Mailing Address: Pye-Barker Fire & Safety LLC
Sentry Fire & Safety Inc
1294 S INCA ST
DENVER, CO 80223
Business Address: Pye-Barker Fire & Safety LLC
Sentry Fire & Safety Inc
1294 S INCA ST
DENVER, CO 80223



BLACK HAWK

City of Black Hawk
PO Box 68
201 Selak Street
Black Hawk, CO 80422
303-582-2221
www.cityofblackhawk.org

OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC22154
Expiration Date: 04/30/2021
License Type: Electrical Signal

Issued To:

By Authority of the Executive Director of
Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-352900 | 12/14/2001 | 01188209 | Paid |
| \$75.00 | 01010-0141140-352900 | 12/28/2002 | 02180267 | Paid |
| \$75.00 | 01010-0141200-352900 | 01/13/2004 | 04004231 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on
file. Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be
scheduled for the following working day.

Please provide the following information when
you call for an inspection:


- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

| City and County of Denver | | City and County of Denver | |
|---|----------|---|--------------|
| IDENTIFICATION CARD | | Community Planning and Development | |
| License/Registration No: | LIC22154 | 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202 | |
| This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless license is revoked. | |  DENVER | |
| <u>By Authority of the Executive Director of Community Planning and Development</u> | | Licenses & Certificates: | 720.865.2770 |
| | | Permit Counter: | 720.865.2705 |
| | | Inspection Administration: | 720.865.2505 |
| | | Automated Inspection Request: | 720.865.2501 |

LIC. 100 (4/100) CPDA

NE 100-100-CPDA 4/100

City and County of Denver

Community Planning and Development

www.denvergov.org/contractor_licensing

License/Registration Number:

LIC7292

Expiration Date: 02/28/2021

License Type: Fire Pro A

Issued To:

By Authority of the Executive Director of
Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-355600 | 01/24/2001 | 01009992 | Paid |
| \$80.00 | 01010-0141200-355600 | 02/08/2011 | 11011041 | Paid |
| \$75.00 | 01010-0141140-355600 | 12/14/2001 | 01166211 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

✓ Permit number

✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver

IDENTIFICATION CARD

License/Registration LIC7292

No.:

This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked.

By Authority of the Executive Director of
Community Planning and Development



DENVER
City and County of Denver

City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEPT 205
DENVER, COLORADO 80202

Licenses & Certificates: 720.865.2770
Permit Counter: 720.865.2705
Inspection Administration: 720.865.2505
Automated Inspection Request: 720.865.2501

LIC-100 (4/100) CPDA



City of Boulder Planning & Development Services

1739 Broadway, Third Floor, Boulder CO 80302 | PO Box 791, Boulder CO 80306-0791
P: 303-441-1880 F: 303-441-4241 | BoulderPlanDevelop.net | plandevelop@bouldercolorado.gov

February 05, 2019

CONTRACTOR LICENSE

This document certifies that PYE-BARKER FIRE & SAFETY, LLC currently holds the following contractor license:

License #

LIC-00991861

License Type

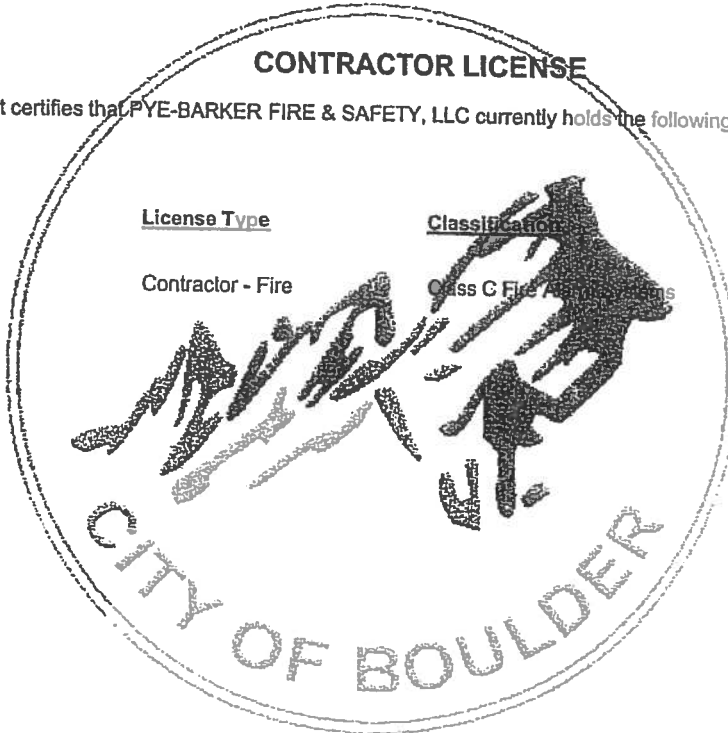
Contractor - Fire

Classification

Class C Fire Arms

Expiration Date

02/05/2020





City and County of Broomfield
One DesCombes Drive
Broomfield, Colorado 80020

Contractor's License

No: OL-20-13355

PYE BARKER FIRE & SAFETY INC
1294 S INCA ST
DENVER, CO 80223

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 04/04/2019
Expiration Date: 04/03/2020

Timothy Pate, Chief Building Official

Contractor Wallet ID Card

Cut on outside line and fold to fit.

| | |
|---|---|
| | <p>Issued to:PYE BARKER FIRE & SAFETY INC Address:1294 S INCA ST DENVER, CO 80223 License No.:OL-20-13355 <small>This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.</small> Effective Date: 04/04/2019 Expiration Date: 04/03/2020 Timothy Pate Chief Building Official</p> |
| <p>Information needed to request an inspection:</p> <ul style="list-style-type: none">>> Permit Number>> Address of Inspection>> Type of Inspection>> Date of Requested Inspection>> Name and phone number of person requesting inspection | <p>City and County of Broomfield One DesCombes Drive Broomfield, CO 80020</p> <p>Inspection Line: 303.438.6376 Building Division: 303.438.6370 Fax: 303.438.6207</p> |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/16/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive, Suite #1100
Miami, FL 33131-4937

CONTACT NAME: Aon Risk Services, Inc of Florida

PHONE
(A/C, No, Ext): 800-743-8130

FAX
(A/C, No): 800-522-7514

EMAIL
ADDRESS: ADP.COI.Center@Aon.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: New Hampshire Ins Co

23841

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
ADP TotalSource FL XVIII, Inc.
10200 Sunset Drive
Miami, FL 33173

ALTERNATE EMPLOYER
Pye-Barker Fire & Safety, LLC
200 Macy Drive
Alpharetta, GA 30076

COVERAGES

CERTIFICATE NUMBER: 2238896

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **LIMITS SHOWN ARE AS REQUESTED**

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY | | | | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | | | | | | | GENERAL AGGREGATE \$ |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | | | | | | | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | |
| | <input type="checkbox"/> OTHER | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OCCUR | | | | | | |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | |
| | DEC | | | | | | |
| | RETENTION \$ | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC 047014227 CO | 11/06/16 | 07/01/19 | X PER STATUTE |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ 2,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached Certificate Holder Cancellation Notice.

All worksite employees working for PYE-BARKER FIRE & SAFETY, LLC, paid under ADP TOTALSOURCE, INC's payroll, are covered under the above stated policy. PYE-BARKER FIRE & SAFETY, LLC is an alternate employer under this policy.

CERTIFICATE HOLDER

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs, CO 80910

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc of Florida



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Marsh & McLennan Agency LLC 2301 Sugar Bush Road Suite 600 Raleigh NC 27612 | CONTACT NAME: PHONE (A/C, No, Ext): 919-788-7171 FAX (A/C, No): 919-782-1841 E-MAIL: Certificates@MarshMMA.com ADDRESS: Certificates@MarshMMA.com | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|---|-------|--|-------|---|-------|---|-------|--|-------|--|-------|
| INSURED Pye-Barker Fire & Safety, LLC* PO Box 69 Roswell, GA, 30077 11605 Haynes Bridge Rd, Ste 350 Alpharetta GA 30077 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Everest Indemnity Insurance Company</td><td>10851</td></tr><tr><td>INSURER B : Depositors Insurance Company</td><td>42587</td></tr><tr><td>INSURER C : National Union Fire Ins Co PittsburghPA</td><td>19445</td></tr><tr><td>INSURER D : Nationwide Mutual Insurance Company</td><td>23787</td></tr><tr><td>INSURER E : Aspen American Insurance Company</td><td>43460</td></tr><tr><td>INSURER F : Evanston Insurance Company</td><td>35378</td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Everest Indemnity Insurance Company | 10851 | INSURER B : Depositors Insurance Company | 42587 | INSURER C : National Union Fire Ins Co PittsburghPA | 19445 | INSURER D : Nationwide Mutual Insurance Company | 23787 | INSURER E : Aspen American Insurance Company | 43460 | INSURER F : Evanston Insurance Company | 35378 |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Everest Indemnity Insurance Company | 10851 | | | | | | | | | | | | | | |
| INSURER B : Depositors Insurance Company | 42587 | | | | | | | | | | | | | | |
| INSURER C : National Union Fire Ins Co PittsburghPA | 19445 | | | | | | | | | | | | | | |
| INSURER D : Nationwide Mutual Insurance Company | 23787 | | | | | | | | | | | | | | |
| INSURER E : Aspen American Insurance Company | 43460 | | | | | | | | | | | | | | |
| INSURER F : Evanston Insurance Company | 35378 | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 1176231469

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|--|-------------------------------------|--|----------------------------------|----------------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | 51GL0034900191 | 1/1/2019 | 1/1/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | BAPD3028192010 | 1/1/2019 | 1/1/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A E | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | 51CC001080191 CX00AD619 | 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Excess Liability \$ 20,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| F D C | Professional/Pollution Leased/Rented Equipment Fidelity | | MMAENV001280 CIM3028192010 061813109 | 1/1/2019 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 1/1/2020 | \$1,000,000 Limit \$100,000 \$2,000,000 per item per loss |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**DBA's: PB Parent, LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Ace Fire Equipment; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. d/b/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire Pro, Inc.; DBA Fire X Services, LLC; DBA Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety; DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA Myrtle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety; DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER**CANCELLATION**

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kathryn Jade Wood

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Pye-Barker Fire & Safety, LLC

is an entity formed or registered under the law of South Carolina . has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20181878415 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 12/04/2018 that have been posted, and by documents delivered to this office
electronically through 12/05/2018 @ 10:00:27 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 12/05/2018 @ 10:00:27 in accordance with applicable law.
This certificate is assigned Confirmation Number 11260518 .



Wayne W. Williams

Secretary of State of the State of Colorado

*****End of Certificate*****




Notice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

-  facebook.com/PPRegionalBuilding/
-  [@PPRBD](https://twitter.com/PPRBD)
-  [@ppregionalbuilding](https://www.instagram.com/ppregionalbuilding)

Invoice

4/18/2019 9:14:37 AM

(SABRINA)

Receipt #: 1591361

Customer: PYE- BARKER FIRE & SAFETY, LLC

| Transaction Summary | | | | |
|---------------------|-----------------|-------------|-----------|---------|
| Account | Description | | Reference | Amount |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |

Total Due: \$200.00

| Payment Summary | | | | |
|-----------------|-------------------|--|-----------|---------|
| Account | Description | | Reference | Amount |
| 9801-55200 | COLLECTION, CHECK | | 1125 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1127 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1129 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1131 | \$50.00 |

Total Tendered: \$200.00

Comment:



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: Empire Fire & Safety, Inc.

PRINCIPAL: _____

LICENSE HOLDER: Dave Walker

RME: Dave Walker

RECOMMEND: _____

☒ APPROVAL ☐ DISAPPROVAL

DATE 4/17/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

~~FAC-B~~

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

| PPRBD INFORMATION | NAME | DATE |
|---------------------------|------|----------|
| RECEIVED BY PPRBD | Rose | 4-1-2019 |
| CRIMINAL BACKGROUND CHECK | Rose | 4-1-2019 |
| SENT TO FIRE | Rose | 4-1-2019 |

| DEPARTMENT | NAME | DATE |
|-------------|--------------------|----------------|
| CSFD | Chip Taylor | 4/16/19 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS:

New **Renewal of license that expired 12/31/17**

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date

Initial

Receipt #

RBD #

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)

☐ FSC-A ☒ FSC-B ☐ FSC-C ☐ FSC-D ☐ FSC-H ☐ FSC-M

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC

Business Name: Empire Fire & Safety Inc.

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 20-4054719

Business Address: 10475 Irma Dr. # 17

Street Address

Apartment/Unit #

Northglenn

CO

80233

City

State

ZIP Code

Business Phone: 303-451-0975

Business Email: davewalker@empirefiresafety.com

Business Fax: 303-920-9298

Business Website: empirefiresafety.com

Company's Principal Officers, Partners, or Owners

Name: Lilia Walker Title: President

Name: Dave Walker Title: Vice President

Name: _____ Title: _____

1. Number of years the company has operated as a contractor? (If new, write "new") 12

2. What is the company's area of specialties? Fire extinguishers, alarms, sprinklers, hoods

Type of work performed? (Check one or both, if applicable)

☐ Residential ☒ Commercial

3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____

Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: 2305 Midway Blvd. Broomfield, Colorado 80020

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 27,000.00 Date: 11/2018 Your position: Manager

Describe Job in detail: Installed systems in Prep Booth, Paint Booth & Mixing Room

2. Project Street Address: 1375 Interquest Pkwy. Colorado Springs, CO 80909

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 4,500.00 Date: 11/2017 Your position: Manager

Describe Job in detail: Installed system in kitchen hood

3. Project Street Address: 3001 E Platte Ave. Colorado Springs, CO 80909

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 5,200.00 Date: 2/2017 Your position: Manager

Describe Job in detail: Installed system in Paint Booth

4. Project Street Address: 5725 Yukon St. Arvada, CO 80003

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 4,850.00 Date: 3/2018 Your position: Manager

Describe Job in detail: Installed system in kitchen hood

5. Project Street Address: 3940 S. Mariposa St. Englewood, CO 80110

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 5,650.00 Date: 4/2017 Your position: Manager

Describe Job in detail: Installed system in Paint Booth

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) Dave Walker

Signature: Dave Walker Date: 11/30/2018

Licensee Information

Legal Name: Walker Dave A.
Last *First* *M.I.*

Date of Birth: 11/11/1963 Social Security Number: [REDACTED]

Address: 5 Avocet Circle
Street Address *Apartment/Unit #*

Thornton Colorado 80241
City *State* *ZIP Code*

Phone: 303-217-1438 Fax: 303-920-9298 Email: davewalker@empirefiresafety.com

1. What is your area of expertise in the industry? Fire Extinguishers & Fire Suppression
2. How long have you worked in the industry? 31 years
3. What is your affiliation with the company? (Owner, partner, employee, etc.) General Manager
4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|-----------------|--------------------------|--------------------------|
| | | |
| P.E. # | Issued | Expires |
| | | |
| D.O.T. # | Issued | Expires |
| <u>RIN 1274</u> | <u>February 14, 2018</u> | <u>February 14, 2023</u> |

Work History

| Company | Position | To | From |
|--------------------------|----------------------|---------|------|
| Empire Fire & Safety Inc | General Manager | Present | 2006 |
| Aaron Fire & Safety | General Manager | 2006 | 1998 |
| Rocky Mtn Fire & Safety | Fire Exting. Manager | 1998 | 1987 |

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Dave Walker - General Manager

Signature of (Licensee): Dave Walker Date: 11/30/2018

Columbo ★

1958-1959

STATE OF COLORADO
Division of Fire Prevention and Control



19-B-05499

Be It Known That
Empire Fire & Safety
Dave Walker-Principal
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor - Backflow

Issued On
January 1, 2019

Expiring On, Unless Earlier Revoked
December 31, 2019

In Accordance With
8 CCR 1507-11

Fire & Life Safety Section
Division of Fire Prevention & Control
700 Kipling Street, Suite 4100
Denver, CO 80215

Mike Morgan, Director



THIS IS TO CERTIFY THAT

Dave Walker

of

Empire Fire & Safety Inc

HAS SUCCESSFULLY COMPLETED

Exam Kitchen Protection Systems (KP) Certificate



Quality is Behind the Diamond.

Certificate ID: f42a9ecf03b9cb1ca8fb20e4b036285

David Rice - Instructor

February 14, 2019

Date

This certificate is nontransferable. Valid only to the company and attendee listed on this certificate. This certificate is valid for 3 years from the date of issue.

THIS IS TO CERTIFY THAT

Dave Walker

of

Empire Fire & Safety Inc.

HAS SUCCESSFULLY COMPLETED

Exam Industrial Systems (IS) Certificate

December 21, 2018

Date



Quality is Behind the Diamond.

Certificate ID: b9d3fc916bc6d24cebe551912d220dd1f

David Rice - Instructor

This certificate is nontransferable. Valid only to the company and attendee listed on this certificate. This certificate is valid for 3 years from the date of issue.

Pikes Peak Regional Building Department

Contractor Details - EMPIRE FIRE & SAFETY, INC.

Number of expired licenses: 1

This contractor has expired insurance or obligations.

| | |
|------------------------|---|
| Contractor Name | EMPIRE FIRE & SAFETY, INC. |
| Address | 10475 IRMA DR, #17, NORTHGLENN, CO, 80233 |
| Phone | (303) 451-0975 |
| Licensed Since | 10/6/2006 |

Licenses: 4

| Licensee Name | Status | Department | License Type | Exp. Date |
|----------------------|------------------|------------|--------------|------------|
| DAVE WALKER | Active | Building | B-D-9C-FSC-C | 10/31/2019 |
| DAVE WALKER | Active | Building | B-D-7A-FSC-A | 10/31/2019 |
| DAVE ALLEN WALKER | Admin Revoked | Building | B-D-8B-FSC-B | 12/31/2017 |
| THOMAS W. WILSON | Active | Fire | F-B | 10/31/2019 |

Obligations: 4

| Type | Agency | Reference # | Exp. Date |
|--------------|--------------------------|--------------------|-----------|
| | Dot | 1274 | 2/14/2023 |
| Liability | Lloyd's Of London | SPG018172 | 3/23/2019 |
| Workers Comp | New Hampshire Ins. Co | WC 047014227 CO | 7/1/2019 |
| Nicet | Nicet (Alarm) | 1458363 WILSON | 9/1/2020 |



City and County of Denver
Department of Safety
Fire Department
Fire Prevention Division

745 West Colfax Avenue
Denver, Colorado 80204
p: 720.973.3474
t: 720.913.3587

2019
Fire Protection-Sprinkler Installer License

Issued to:
David Walker

Expires:
12/31/2019

License:
119430

Company Association:
City and County of Denver / DFD

David Walker, having taken the City and County of Denver's Fire Protection-Sprinkler Installer training, which incorporates both national and City and County of Denver operating standards, and having successfully passed the associated examination, is hereby certified to serve as a Fire Protection-Sprinkler Installer in the City and County of Denver.

Manuel Almaguer, Chief

POST IN CONSPICUOUS PLACE

This license is valid for the calendar year which issued only. It is the licensee's responsibility to renew just prior to the expiration date. This license covers only those activities listed.

DAVE WALKER

5 Avocet Circle, Thornton, Colorado 80241 | H: 303-217-1438 | davewalker@empirefiresafety.com

SUMMARY

Customer-oriented General Manager with 31 years of experience in the fire protection industry. Adaptive and deadline-oriented with capacity to execute and complete multiple projects in high-stress environments. Meticulous leader and strategic planner with comprehensive managerial acumen.

SKILLS

- Policy/program development
- Customer retention
- Inventory management
- Vendor relationships
- Performance improvements
- Team training and development
- Leadership and team building
- Profit and loss accountability
- Project management
- Cost analysis and savings
- Purchasing and planning

EXPERIENCE

01/2006 to Current

General Manager

Empire Fire & Safety Inc. — Northglenn, CO

- Effectively communicated and analyzed issues with customers to provide satisfactory solutions.
- Created written plans and obtained customer consent to proceed.
- Upheld team productivity and quality objectives by setting and maintaining clear benchmarks for service.
- Hired, trained, developed and monitored performance of service department staff.
- Recruited, hired and mentored service department personnel.
- Collaborated with customers to discuss service needs and offer available solutions.
- Established and oversaw department budgets for expenditures, materials and labor.
- Defined department objectives and monitored performance.

03/1998 to 01/2006

General Manager

Aaron Fire & Safety — Denver, CO

Over saw

- Established and oversaw department budgets for expenditures, materials and labor.
- Effectively communicated and analyzed issues with customers to provide satisfactory solutions.
- Model expected customer service standards to promote customer satisfaction, loyalty and retention.
- Upheld team productivity and quality objectives by setting and maintaining clear benchmarks for service.
- Forecasted goals and objectives for the department and ensured

adherence.

- Defined department objectives and monitored performance.
- Recruited, hired and mentored service department personnel.
- Addressed order discrepancies and provided timely resolution.

07/1987 to 03/1998

Fire Extinguisher Manager

Rocky Mountain Fire & Safety — Commerce City, CO

Started off as a technician and went on to be the manager of the fire extinguisher division.

EDUCATION AND TRAINING

2004

BBA: Business

University of Phoenix — Tempe, AZ

Associate of Applied Science: Digital Electronics

Arapahoe Community College — Littleton, CO

1982

High School Diploma

Green Mountain High School — Lakewood, CO

CERTIFICATIONS

Denver Fire Sprinkler Installer License

Denver Fire Extinguisher License

Boulder Fire Sprinkler License

Ansul Fire Systems Certified

Amerex Fire Systems Certified

Member of AFSA



EMPIRE FIRE & SAFETY, INC.
10475 Irma Drive #17
Northglenn, CO 80233
PH (303) 451-0975 FAX (303) 920-9298

March 29, 2019

Pikes Peak Regional Building Department/
Colorado Springs Fire Department

Re; Letter of employment

To whom it may concern,

Please accept this letter as confirmation that Dave Walker is an exclusive full-time employee of Empire Fire & Safety. His job title is General Manager and he has been an employee since January of 2006.

If you have any questions please call 303.517-3507.

Respectfully,

Lilia Walker
Owner
Empire Fire & Safety, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Commercial Risk Solutions
6600 E. Hampden Ave., Ste. 200
Denver CO 80224

CONTACT NAME: Scott Anderson, CIC

PHONE (A/C, No. Ext): 303-996-7833

FAX (A/C, No): 303-757-7719

E-MAIL ADDRESS: sanderson@crsdenver.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Lloyd's of London

INSURER B: Westfield Insurance

24112

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Empire Fire & Safety, Inc.
10475 Irma Drive, Unit 17
Northglenn CO 80233

EMPIR-3

COVERAGES

CERTIFICATE NUMBER: 1252214583

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|--------------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liab & <input checked="" type="checkbox"/> Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | SP2X180116 | 3/23/2019 | 3/23/2020 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Pollution \$5,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CWP9675593 | 3/23/2019 | 3/23/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ | | | SP2X180116 | 3/23/2019 | 3/23/2020 | EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B A | Leased and Rented Equipment Pollution/Professional Liability | | | CWP9675593 SP2X180116 | 3/23/2019 3/23/2019 | 3/23/2020 3/23/2020 | Limit/Ded Occurrence Aggregate 25,000/500 1,000,000 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All policy terms, conditions and exclusions apply.

CERTIFICATE HOLDER

CANCELLATION

Pikes Peak Regional Building Dept.
2880 International Circle
Colorado Springs CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/08/18

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive, Suite #1100
Miami, FL 33131-4937

CONTACT
NAME: Aon Risk Services, Inc of Florida
PHONE (A/C, No, Ext): 800-743-8130 FAX (A/C, No): 800-522-7514

EMAIL ADDRESS: ADP.COI.Center@Aon.com

INSURER(S) AFFORDING COVERAGE
INSURER A: New Hampshire Ins Co NAIC # 23841

INSURED
ADP TotalSource CO XXI, Inc.
10200 Sunset Drive
Miami, FL 33173
ALTERNATE EMPLOYER
Empire Fire & Safety Inc. DBA AD-X Fire Protection
10475 Irma Dr Unit 17,
Northglenn, CO 80233

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2022882

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|------------------------------|----------|-----------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | <input type="checkbox"/> OTHER | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DEC <input type="checkbox"/> RETENTION \$ | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | WC 047014227 CO | 7/1/2018 | 7/1/2019 | X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All worksite employees working for EMPIRE FIRE & SAFETY INC. DBA AD-X FIRE PROTECTION, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. EMPIRE FIRE & SAFETY INC. DBA AD-X FIRE PROTECTION is an alternate employer under this policy.

CERTIFICATE HOLDER

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs, CO 80910

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc of Florida

© 1988-2015 ACORD CORPORATION. All rights reserved.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Empire Fire & Safety, Inc.

is a

Corporation

formed or registered on 01/06/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061010304 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/28/2019 that have been posted, and by documents delivered to this office electronically through 03/29/2019 @ 14:24:25 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/29/2019 @ 14:24:25 in accordance with applicable law. This certificate is assigned Confirmation Number 11483395 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site. <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

- facebook.com/PPRegionalBuilding/
- @PPRBD
- @ppregionalbuilding

Invoice

4/1/2019 8:37:16 AM
(ROSE)
Receipt #: 1586453
Customer: Application

| Transaction Summary | | | | |
|---------------------|--|-----------|---------|--|
| Account | Description | Reference | Amount | |
| 1301-40036 | CONTRACTOR FEES APPLICATION | App Fee | \$50.00 | |
| 1301-40112 | CONVENIENCE FEE WESTERN UNION SPEEDPAY (TELEPHONE) FEE | | \$3.50 | |

Total Due: \$53.50

| Payment Summary | | | | |
|-----------------|------------------------------|-----------|---------|--|
| Account | Description | Reference | Amount | |
| 9801-55700 | COLLECTION, VISA/Master-Card | 688787 | \$53.50 | |

Total Tendered: \$53.50

Comment: APP FOR FIRE

I agree to pay above total amount according to card issuer agreement.



U.S. Department
of Transportation

**Pipeline and Hazardous
Materials Safety Administration**

East Building, PHH - 33
1200 New Jersey Avenue, Southeast
Washington, D.C. 20590

February 14, 2018

Expiration Date: February 14, 2023

Mr. Dave Walker
Service Manager
Empire Fire & Safety, Inc.
10475 Irma Drive, Unit # 17
Northglenn, CO 80233 United States

Dear Mr. Walker:

The Pipeline and Hazardous Materials Safety Administration (PHMSA) has reviewed your application for approval as a cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR). At the recommendation of Steigervalt Associates, Inc., this office is reissuing the requalifier identification number (RIN) I274 to your facility located at 10475 Irma Drive Unit # 17, Northglenn, CO for DOT cylinder specification(s): **4B, 4BA, 4BW and 4B240ET**. This number authorizes requalification of the authorized cylinder specifications by the “hydrostatic” test method, applies to this location only, and is valid until the posted expiration date above or until terminated by the Associate Administrator for Hazardous Materials Safety.

In addition to the requalification of cylinders under the relevant provisions of Sections 180.205 through 180.215 of 49 CFR, the following conditions must be met:

1. You must notify this office of any change in facility name, address, ownership, management, equipment, or testing personnel within twenty days of the change.
2. Testing must be performed by, or in the presence of, a designated hydrostatic test operator who has been observed by the authorized inspector, or who has been added to your file by addition under condition number one (1) above.
3. A copy of this approval must be maintained adjacent to the testing unit.
4. This approval is renewable every five (5) years. If you wish to renew this approval, please ensure that your application for renewal is received by PHMSA at least 60 days prior to the expiration date posted above, in accordance with 49 CFR 107.705(c).

Tracking No: 2018024061

Page 1 of 2

5. Renewal applications or enquiries should be sent to approvals@dot.gov.
6. Copies of your application and all supporting documentation must be retained and made available to DOT upon request.
7. Testing under this RIN approval is authorized only on the authorized cylinder specifications and testing method listed above. Additional special permits (*not meeting approved testing method above*), DOT cylinder specifications, including UN ISO specifications may be requested only after inspection and recommendation by an approved Independent Inspection Agency and only after additional approval is granted by PHMSA in accordance with the requirements of 107.705 and 107.805.
8. Each "Hazmat employee", as defined in Section 171.8, who performs a function subject to this approval, must receive appropriate training in accordance with Section 172.702.
9. All correspondence must include the requalifier identification number (RIN).
10. This approval as revised supersedes all previous versions.



for William Schoonover
Associate Administrator for Hazardous Materials Safety



EMPIRE FIRE & SAFETY, INC.
10475 Irma Drive #17
Northglenn, CO 80233
PH (303) 451-0975 FAX (303) 920-9298

April 15, 2019,

Pikes Peak Regional Building Department/
Colorado Springs Fire Department
Attn :Chip Taylor

Re; Letter of Commitment

To whom it may concern,

Please accept this letter as confirmation that Empire Fire & Safety has the minimum equipment required to perform installation, inspections, and maintenance on fixed fire suppression systems and portable extinguishers. We are a distributor for Amerex, Ansul, Badger and Pyro Chem Fire Extinguishers and distributors for Amerex, Ansul (Pyrotechs) and Pyro Chem fire suppression systems.

If you have any questions please call 303.17-1438.

Respectfully,

Dave Walker
Service Manager
Empire Fire & Safety, Inc.



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: PYE - BARKER FIRE & SAFETY, LLC

PRINCIPAL: BARTON PROCTOR

LICENSE HOLDER: RAYMOND CARNAHAN

RME: RAYMOND CARNAHAN

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 4/25/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

| PPRBD INFORMATION | NAME | DATE |
|---------------------------|---------|-----------|
| RECEIVED BY PPRBD | SABRINA | 4/18/2019 |
| CRIMINAL BACKGROUND CHECK | SABRINA | 4/18/2019 |
| SENT TO FIRE | SABRINA | 4/18/2019 |

| DEPARTMENT | NAME | DATE |
|-------------|--------------------|----------------|
| CSFD | Chip Taylor | 4/25/19 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS:

NEW

Pye Barker has purchased Fire Inspections Plus, and is applying for new license under their new name.

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 4-18-2019
 Initial SE
 Receipt # 1591361
 RBD # _____

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)

☐ FSC-A ☒ FSC-B ☐ FSC-C ☐ FSC-D ☐ FSC-H ☐ FSC-M

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Pye-Barker Fire & Safety LLC

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 81-2883743

Business Address: 942 Elkton Dr

Street Address

Apartment/Unit #

Colorado SpringsColorado80907

City

State

ZIP Code

Business Phone: 719-392-1122

Business Email: flaggc@pyebarkerfire.com

Business Fax: 303-294-0710

Business Website: Pyebarkerfire.com

Company's Principal Officers, Partners, or Owners

Name: Barton A Proctor

Title: Owner

Name: _____

Title: _____

Name: _____

Title: _____

1. Number of years the company has operated as a contractor? (If new, write "new") 78

2. What is the company's area of specialties? Fire protection services all products

Type of work performed? (Check one or both, if applicable)

☐ Residential ☒ Commercial

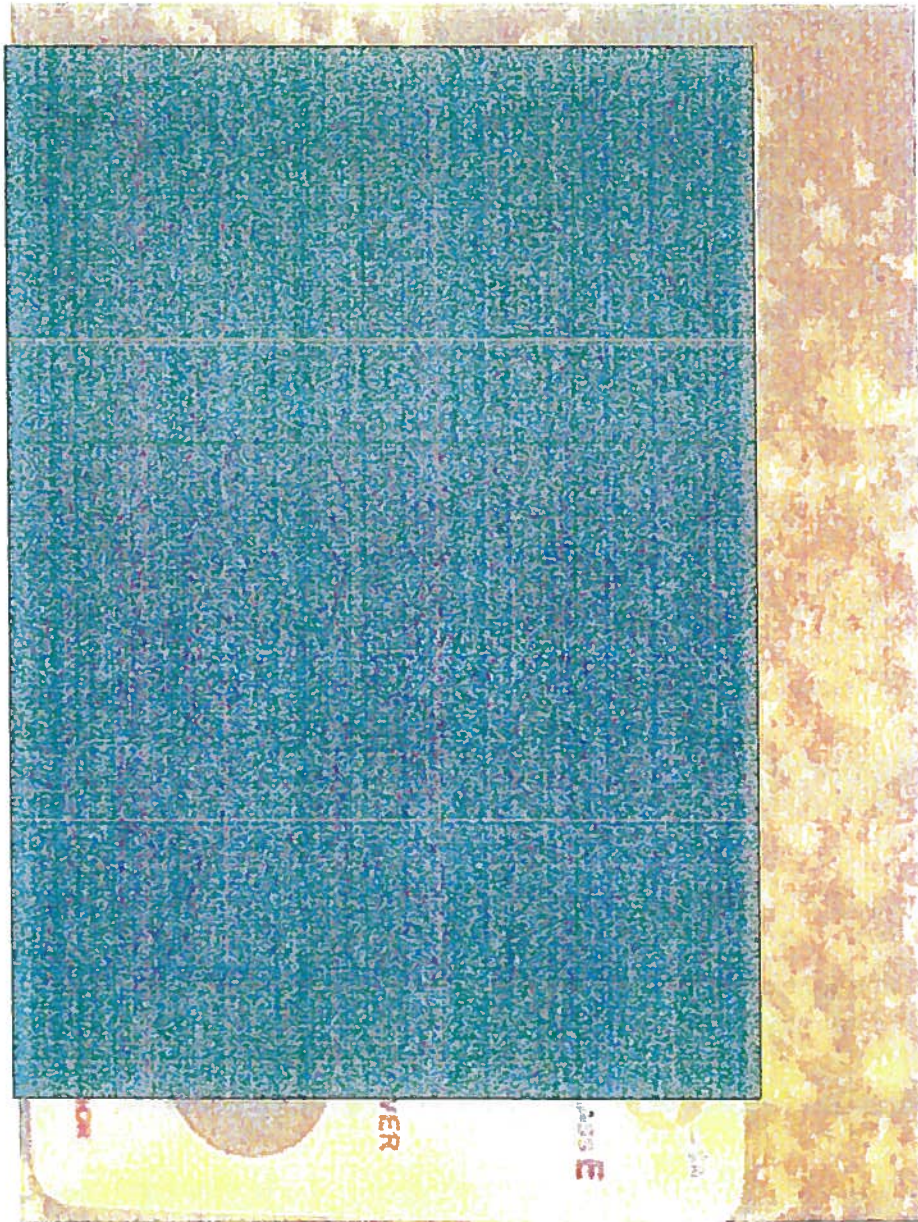
3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____



Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: Jefferson County School Dist

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 15K Date: 12/2018 Your position: Manager

Describe Job in detail: semi annual inspection kitchen hood systems

2. Project Street Address: Caliber Collision

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 6K Date: 11/2/2018 Your position: Manager

Describe Job in detail: install Pyro chem fire system paint booth

3. Project Street Address: 1590 Dover St Lakewood Co

Type of work (check one) ☐ Residential ☒ Commercial

Cost: _____ Date: 11/16/2018 Your position: _____

Describe Job in detail: install Pyro Chem fire system in paint booth

4. Project Street Address: 24110 E State Ave Aurora

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 5K Date: 2/14/2018 Your position: Manager

Describe Job in detail: install Ansul fire system kitchen hood

5. Project Street Address: 2727 S Parker Unit A Aurora

Type of work (check one) ☐ Residential ☐ Commercial

Cost: 4K Date: 2/25/2019 Your position: Manager

Describe Job in detail: install Ansul fire suppression system for hood

CERTIFICATION (The following declaration is to be signed by the **principal officer of the company**) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) Louis R Greway

Signature: 

Date: 4/15/2019

4/16/2019

RESUME

Louis R Greway
5386 Dunraven Cir
Golden, Colorado 80403
720-271-0966

1969-1972- Firefighter Crash Rescue- US Air force

1972-1976-Acme Fire/ Aaron Fire of Denver

Duties: perform inspections on fire extinguisher's, kitchen hood fire system ,e-lights
First aid, recharge and testing of high and low pressure Spec and non spec
Cylinders

1976- Present—owner operator Sentry Fire & Safety

Duties: performed inspections on fire extinguishers, kitchen hood fire systems, e-
Lights, fire alarm inspections, modifications and repair, fire sprinkler T&I
Responsible- for all training including certification of hazmat employees,
DOT testers, OSHA training, Safety training

Have attended numerous factory trainings , seminars, DOT certifications for all the brands we
sold over the years to include Kidde, Badger,Pyro chem, Ansul

Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name: Louis Greway
Address: 1294 S. Inca Street
Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

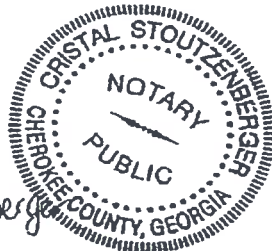
Signature of person giving power of attorney

Barton A. Proctor, President
Printed name and title

Notary Public Signature

Printed name of notary

Cristal Stoutzenberg



Responsible Managing Employee (RME) Information

Legal Name: CARNAHAN RAYMOND J
Last First M.I.
 Date of Birth: 9/11/62 Social Security Number: [REDACTED]
 Address: 1006 PALAU VIEW APT #104
Street Address Apartment/Unit #
COLORADO SPRINGS
City State ZIP Code
 Phone: 719-233-4244 Fax: _____ Email: _____

- What is your area of expertise in the industry? INSPECTIONS - SERVICE -
- How long have you worked in the industry? 20+ YEARS
- What is your affiliation with the company? (Owner, partner, employee, etc.) MANAGER
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. I, the undersigned, do hereby submit application for the stated contractor's license as the RME (Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ☒ Yes ☐ No

Certifications

| NICET # | NICET Level | Expires |
|----------|-------------|---------|
| | | |
| P.E. # | Issued | Expires |
| | | |
| D.O.T. # | Issued | Expires |
| | | |

Work History

| Company | Position | To | From |
|---|-------------------|-------------------------|-------------------------------|
| Pye Barker Fire Rocky Mtn Fire | manager | present 2006 | November 2018 2002 |
| Pye Barker Fire SEAL/ | manager/SEAL TECH | present 2012 | November 2018 2006 |
| Pye Barker Fire PLU | manager | present | November 2018 2012 |

CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Raymond Carnahan HOUSE R CLEANING MANAGER
 Signature of (RME): [Signature] Date: 4/15/2019
[Signature] 4/16/19

1. What is your area of expertise in the industry? fire extg sprinkler alarm backflow

2. How long have you worked in the industry? 25 years

3. What is your affiliation with the company? (Owner, partner, employee, etc.) manager

4. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____

5. Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

6. The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

| Certification | | |
|---------------|-------------|---------|
| NICET # | NICET Level | Expires |
| P.E. # | Issued | Expires |
| D.O.T. # | Issued | Expires |

| Company | Position | To | From |
|-----------------------|--------------|------|---------|
| Rocky mnt fire | manager | 2006 | 2002 |
| Sentry Fire | service tech | 2006 | 2012 |
| Fire Inspections Plus | manger | 2012 | present |

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Raymond Carnahan Manger
Signature of (Licensee): [Signature] Date: 4/12/2019



U.S. Department
of Transportation

**Pipeline and Hazardous
Materials Safety Administration**

East Building PHH - 33
1200 New Jersey Avenue Southeast
Washington, D.C. 20560

December 07, 2018

Expiration Date: October 15, 2020

Revision: Company Name, Ownership and Manager Change

Mr. Andy Holland
Regional Manager
Pye Barker Fire and Safety Inc.
1294 South Inca St.
Denver, CO 80223 US

Dear Mr. Holland:

The Pipeline and Hazardous Materials Safety Administration (PHMSA) has reviewed your application for approval as a cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR). At the recommendation of Steigerwalt Associates, Inc., this office is re-issuing the requalifier identification number (RIN) **A900** to your facility located at 1294 South Inca St., Denver, CO for DOT cylinder specification(s): **3A, 3AA, 3AL, 4B, 4BA, 4BW, 4B240ET and Special Permit(s): 10915, 10945, 7235, 10869, 6557, 7277, 8059, 9370, 9421, 9634, 9791, 10019, 10869, 10905, 10970 and 11194.** This number authorizes requalification of the authorized cylinder specifications by the "hydrostatic" test method, applies to this location only, and is valid until the posted expiration date above or until terminated by the Associate Administrator for Hazardous Materials Safety.

In addition to the requalification of cylinders under the relevant provisions of Sections 180.205 through 180.215 of 49 CFR, the following conditions must be met:

1. You must notify this office of any change in facility name, address, ownership, management, equipment, or testing personnel within twenty days of the change.
2. Testing must be performed by, or in the presence of, a designated hydrostatic test operator who has been observed by the authorized inspector, or who has been added to your file by addition under condition number one (1) above.
3. A copy of this approval must be maintained adjacent to the testing unit.



Certificate of
Training

It is hereby certified that
Louis R. Greway

of

Sentry Fire and Safety Inc.
Denver

has successfully completed the training course
**PIRANHA Restaurant Fire Suppression System-
Design, Installation, Recharge & Maintenance**

Training Hrs: 8
Training Date: September 15, 2016
Expiry Date: September 15, 2019

Mark E. Fessenden

Mark E. Fessenden
Director Services - Americas
tyco fire protection products

tyco
Fire Protection Products

Copyright © 2016 Tyco Fire Protection Products, Inc. All rights reserved.



Certificate of Training

It is hereby certified that

Louis R. Greway

of

Sentry Fire and Safety Inc.

Denver

has successfully completed the training course

**PIRANHA Restaurant Fire Suppression System -
Design, Installation, Recharge & Maintenance**

Training Hrs: **8**

Training Date: **September 15, 2016**

Expiry Date: **September 15, 2019**

Mark E. Fessenden
Director, Services - Amurcas
Tyco Fire Protection Products



4-15-2019

Pikes Peak Regional Building Dept
2880 International Circle
Colorado Springs, Colorado 80910

RE: Application for FSC-B license for kitchen hood and portables

To Whom It May Concern:

This letter is to attest that Pye-Barker Fire & Safety LLC does in fact possess and utilize all the proper equipment to test and recharge both low pressure and high pressure fire extinguisher's.

Sincerely,


Louis R. Greway, Manager
Pye-Barker Fire & Safety LLC
Off: 303-294-0708
Cell 720-271-0966

400 NORTH WINDS CENTER
11605 HAYNES BRIDGE RD STE 350
ALPHARETTA, GA 30009
(678) 281-6143 toll free (800) 927-8610
www.pyebarkerfire.com

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Pye-Barker Fire & Safety, LLC

is an entity formed or registered under the law of South Carolina , has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20181878415 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 12/04/2018 that have been posted, and by documents delivered to this office
electronically through 12/05/2018 @ 10:00:27 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 12/05/2018 @ 10:00:27 in accordance with applicable law.
This certificate is assigned Confirmation Number 11260518 .



Wayne W. Williams

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Marsh & McLennan Agency LLC 2301 Sugar Bush Road Suite 600 Raleigh NC 27612 | CONTACT NAME: PHONE (A/C, No, Ext): 919-788-7171 FAX (A/C, No): 919-782-1841 E-MAIL: Certificates@MarshMMA.com ADDRESS: Certificates@MarshMMA.com | | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|---|-------|--|-------|---|-------|---|-------|--|-------|--|-------|
| INSURED Pye-Barker Fire & Safety, LLC* PO Box 69 Roswell, GA, 30077 11605 Haynes Bridge Rd, Ste 350 Alpharetta GA 30077 | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Everest Indemnity Insurance Company</td><td>10851</td></tr><tr><td>INSURER B : Depositors Insurance Company</td><td>42587</td></tr><tr><td>INSURER C : National Union Fire Ins Co PittsburghPA</td><td>19445</td></tr><tr><td>INSURER D : Nationwide Mutual Insurance Company</td><td>23787</td></tr><tr><td>INSURER E : Aspen American Insurance Company</td><td>43460</td></tr><tr><td>INSURER F : Evanston Insurance Company</td><td>35378</td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Everest Indemnity Insurance Company | 10851 | INSURER B : Depositors Insurance Company | 42587 | INSURER C : National Union Fire Ins Co PittsburghPA | 19445 | INSURER D : Nationwide Mutual Insurance Company | 23787 | INSURER E : Aspen American Insurance Company | 43460 | INSURER F : Evanston Insurance Company | 35378 |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Everest Indemnity Insurance Company | 10851 | | | | | | | | | | | | | | |
| INSURER B : Depositors Insurance Company | 42587 | | | | | | | | | | | | | | |
| INSURER C : National Union Fire Ins Co PittsburghPA | 19445 | | | | | | | | | | | | | | |
| INSURER D : Nationwide Mutual Insurance Company | 23787 | | | | | | | | | | | | | | |
| INSURER E : Aspen American Insurance Company | 43460 | | | | | | | | | | | | | | |
| INSURER F : Evanston Insurance Company | 35378 | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER:** 1176231469**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|--|----------------------------------|----------------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | 51GL0034900191 | 1/1/2019 | 1/1/2020 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | BAPD3028192010 | 1/1/2019 | 1/1/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A E | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | 51CC001080191 CX00AD619 | 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 Excess Liability \$20,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| F D C | Professional/Pollution Leased/Rented Equipment Fidelity | | MMAENV001290 CIM3028192010 061813109 | 1/1/2019 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 1/1/2020 | \$1,000,000 Limit \$100,000 \$2,000,000 per item per loss |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**DBA's: PB Parent, LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Ace Fire Equipment; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. d/b/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire Pro, Inc.; DBA Fire X Services, LLC; DBA Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety; DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA Myrtle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety; DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER**CANCELLATION**

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/16/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|---|
| PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1100 Miami, FL 33131-4937 | CONTACT NAME: Aon Risk Services, Inc of Florida PHONE (A/C, No, Ext): 800-743-8130 FAX (A/C, No): 800-522-7514 EMAIL: ADP.COI.Center@Aon.com ADDRESS: ADP.COI.Center@Aon.com |
| INSURED ADP TotalSource FL XVIII, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER Pye-Barker Fire & Safety, LLC 200 Macy Drive Alpharetta, GA 30076 | INSURER(S) AFFORDING COVERAGE INSURER A: New Hampshire Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES

CERTIFICATE NUMBER: 2239686

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **LIMITS SHOWN ARE AS REQUESTED.**

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|------------------------------|----------|-----------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMSES (Ea occurrence) \$ |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | <input type="checkbox"/> OTHER | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE \$ |
| | DEC <input type="checkbox"/> RETENTION \$ | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | WC 047014227 CO | 11/06/18 | 07/01/19 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached Certificate Holder Cancellation Notice.

All worksite employees working for PYE-BARKER FIRE & SAFETY, LLC, paid under ADP TOTALSOURCE, INC's payroll, are covered under the above stated policy. PYE-BARKER FIRE & SAFETY, LLC is an alternate employer under this policy.

CERTIFICATE HOLDER**CANCELLATION**

Pikes Peak Regional Building Department
2280 International Circle
Colorado Springs, CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc of Florida

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STATE OF COLORADO
Division of Fire Prevention and Control



19-S-04101

Be It Known That
Pye Barker Fire & Safety Inc.
Brad Reading Sprinkler Fitter-RME
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On
January 1, 2019

Expiring On, Unless Earlier Revoked
December 31, 2019

In Accordance With
8 CCR 1507-11

Fire & Life Safety Section
Division of Fire Prevention & Control
700 Kipling Street, Suite 4100
Denver, CO 80215


Mike Morgan, Director



City of Black Hawk

BUSINESS LICENSE

LICENSE VALID JANUARY 1, 2019 THROUGH JANUARY 1, 2020

| LICENSE FEE | OCCUPATIONAL TAX | TOTAL PAID |
|-------------|------------------|------------|
| \$50 | \$0 | \$50 |

License Number: CN-275
 Classification: Contractor
 Filing Frequency: Annually
 Contact: Louis Greway
 Mailing Address: Pye-Barker Fire & Safety LLC
 Sentry Fire & Safety Inc
 1294 S INCA ST
 DENVER, CO 80223
 Business Address: Pye-Barker Fire & Safety LLC
 Sentry Fire & Safety Inc
 1294 S INCA ST
 DENVER, CO 80223



BLACK HAWK

City of Black Hawk
 PO Box 68
 201 Selak Street
 Black Hawk, CO 80422
 303-582-2221
www.cityofblackhawk.org

OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC22154
Expiration Date: 04/30/2021
License Type: Electrical Signal

Issued To:

By Authority of the Executive Director of
Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-352900 | 12/14/2001 | 01166209 | Paid |
| \$75.00 | 01010-0141140-352900 | 12/26/2002 | 02180267 | Paid |
| \$75.00 | 01010-0141200-352900 | 01/13/2004 | 04004231 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on
file. Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be
scheduled for the following working day.

Please provide the following information when
you call for an inspection:


- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of fins, then fold in half.

| City and County of Denver | | City and County of Denver | |
|---|----------|---|--------------|
| IDENTIFICATION CARD | | Community Planning and Development | |
| License/Registration No. | LIC22154 | 201 W COLFAX AVE DEPT 205 DENVER, COLORADO 80202 | |
| This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless license is revoked. | |  | |
| By Authority of the Executive Director of Community Planning and Development | | Licenses & Certificates: | 720.865.2770 |
| | | Permit Counter: | 720.865.2705 |
| | | Inspection Administration: | 720.865.2505 |
| | | Automated Inspection Request: | 720.865.2501 |

LIC. 100 (4/00) CPDA

BE 150/100/000 34715

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: **LIC7292**
Expiration Date: **02/28/2021**
License Type: **Fire Pro A**

Issued To:

By Authority of the Executive Director of
Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-355600 | 01/24/2001 | 01008992 | Paid |
| \$80.00 | 01010-0141200-355600 | 02/08/2011 | 11011041 | Paid |
| \$75.00 | 01010-0141140-355600 | 12/14/2001 | 01166211 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection.

- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

• **Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.**

Cut on outside of line, then fold in half.

| | |
|---|--|
| City and County of Denver IDENTIFICATION CARD | City and County of Denver Community Planning and Development 201 W GOLFAX AVE DEPT 205 DENVER, COLORADO 80202 |
| License/Registration No.: LIC7292 |  |
| This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked. | DENVER The Official City Seal |
| <u>By Authority of the Executive Director of Community Planning and Development</u> | Licenses & Certificates: 720.865.2770 Permit Counter: 720.865.2705 Inspection Administration: 720.865.2505 Automated Inspection Request: 720.865.2501 |

LIC 100 (4/00) CPDA



City of Boulder Planning & Development Services

1739 Broadway, Third Floor, Boulder CO 80302 | PO Box 791, Boulder CO 80306-0791
P: 303-441-1880 F: 303-441-4241 | BoulderPlanDevelop.net | plandevelop@bouldercolorado.gov

February 05, 2019

CONTRACTOR LICENSE

This document certifies that PYE-BARKER FIRE & SAFETY, LLC currently holds the following contractor license:

License #

LIC-00991861

License Type

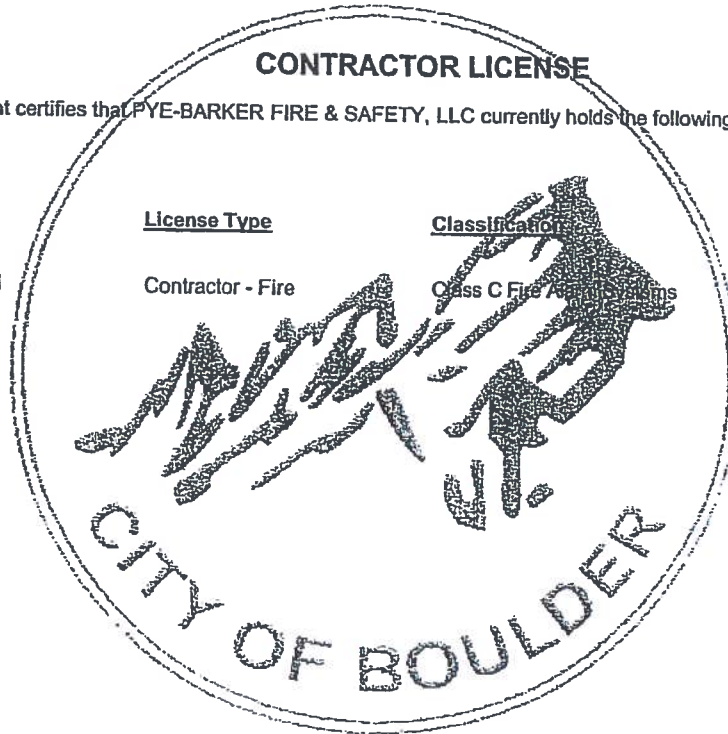
Contractor - Fire

Classification

Class C Fire Alarm Systems

Expiration Date

02/05/2020





City and County of Broomfield
One DesCombes Drive
Broomfield, Colorado 80020

Contractor's License

No: OL-20-13355

PYE BARKER FIRE & SAFETY INC
1294 S INCA ST
DENVER, CO 80223

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 04/04/2019

Expiration Date: 04/03/2020

Timothy Pate, Chief Building Official

Contractor Wallet ID Card

Cut on outside line and fold to fit.

| | |
|--|--|
| | <p>Issued to: PYE BARKER FIRE & SAFETY INC Address: 1294 S INCA ST DENVER, CO 80223 License No.: OL-20-13355</p> <p><small>This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.</small></p> <p>Effective Date: 04/04/2019 Expiration Date: 04/03/2020</p> <p>Timothy Pate Chief Building Official</p> |
| <p>Information needed to request an inspection:</p> <ul style="list-style-type: none">>> Permit Number>> Address of Inspection>> Type of Inspection>> Date of Requested Inspection>> Name and phone number of person requesting inspection | <p>City and County of Broomfield One DesCombes Drive Broomfield, CO 80020</p> <p>Inspection Line: 303.438.6376 Building Division: 303.438.6370 Fax: 303.438.6207</p> |



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

- facebook.com/PPRegionalBuilding/
- @PPRBD
- @ppregionalbuilding

Invoice

4/18/2019 9:14:37 AM

(SABRINA)

Receipt #: 1591361

Customer: PYE- BARKER FIRE & SAFETY, LLC

| Transaction Summary | | | | |
|---------------------|-----------------|-------------|-----------|---------|
| Account | Description | | Reference | Amount |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |

Total Due: \$200.00

| Payment Summary | | | | |
|-----------------|-------------------|--|-----------|---------|
| Account | Description | | Reference | Amount |
| 9801-55200 | COLLECTION, CHECK | | 1125 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1127 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1129 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1131 | \$50.00 |

Total Tendered: \$200.00

Comment :



Fire Inspections Plus

3780 Interpark Drive

Colorado Springs, CO

80809

Tele: 719-392-1122

Fax: 719-392-5510

Email:

fireinspectionsplus@gmail.com

23 April 2019

Factory Certifications

Reference: Ray Carnahan
Tyler Schaeffer

With Reference to employment.

Both Ray Carnahan (PPRBD# 11022) and Tyler Schaefer (PPRBD# 10768) are full time and sole employees of Fire Inspections Plus at this time and will be Full time and exclusive to Pye-Barker Fire upon change of Company licensing.

Attached are both Factory certifications.

Thank you very much for you help.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Carnahan". The signature is stylized with a large, looped "R" and a cursive "Carnahan".

Ray Carnahan

Call Fire Inspections Plus for all of your life safety needs.
Inspections and service on Fire alarm systems, Fire sprinkler systems,
Backflow devices, Fire extinguisher, Fire hydrants, Fire pumps, and Emergency lighting.



It is hereby certified that

Tyler Schafer

On behalf of

SENTRY FIRE & SAFETY INC -DENVER

Has completed the training course

ANSUL R-102 Restaurant Systems

On Wednesday, October 18, 2017

Certificate of Training

The 8 Hours 30 Min course covered details on the above mentioned training and the attendee has successfully passed the course exam.

The certificate is considered valid for 3 years from completion date and linked to the attendee and the company mentioned above

A handwritten signature in dark ink, appearing to read "Katherine A. Adrian".

Katherine A. Adrian
Global Director - Technical Services
Tyco Fire Protection Products



Certificate of Training

It is hereby certified that
Ray Cornahan

of

Fire Inspection Plus

Colorado Springs

has successfully completed the training course

R-102 Restaurant Fire Suppression System-
Design, Installation, Recharge & Maintenance

Training Hrs: 16

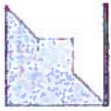
Training Date: September 13, 2016

Expiry Date: September 13, 2019

Mark E. Fassenden

Mark E. Fassenden
Director, Service - Americas
Teco Fire Protection Products

tyco
Fire Protection Products



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY NAME: PYE - BARKER FIRE & SAFETY, LLC

PRINCIPAL: BARTON PROCTOR

LICENSE HOLDER: RAYMOND CARNAHAN

RME: RAYMOND CARNAHAN

RECOMMEND:

☒ APPROVAL ☐ DISAPPROVAL

DATE 4/25/19

LICENSE APPLYING FOR:

FSC-A

FSC-B

FSC-C

FSC-D

FSC-H

FSC-M

FAC-A

FAC-B

FAI

FSI

FSI-L

FST-B

FST-C

FST-D

FHT

| PPRBD INFORMATION | NAME | DATE |
|---------------------------|---------|-----------|
| RECEIVED BY PPRBD | SABRINA | 4/18/2019 |
| CRIMINAL BACKGROUND CHECK | SABRINA | 4/18/2019 |
| SENT TO FIRE | SABRINA | 4/18/2019 |

| DEPARTMENT | NAME | DATE |
|-------------|--------------------|----------------|
| CSFD | Chip Taylor | 4/25/19 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS:

NEW

Pye Barker has purchased Fire Inspections Plus, and is applying for new license under their new name.

PPRBD LICENSING

Phone: 719-327-2887

Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARTMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY

Date 4-18-2019

Initial SE

Receipt # 1591361

RBD #

FIRE SUPPRESSION CONTRACTOR LICENSE REQUESTED (Check one)

☐ FSC-A ☐ FSC-B ☐ FSC-C ☐ FSC-D ☒ FSC-H ☐ FSC-M

Business Information

Type of Entity (Check one) ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Business Name: Pye-Barker Fire & Safety LLC

(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)

Federal Employer Identification Number: 81-2883743

Business Address: 942 Elkton Dr

Street Address

Apartment/Unit #

Colorado Springs

Colorado

80907

City

State

ZIP Code

Business Phone: 719-392-1122

Business Email: flaggc@pyebarkerfire.com

Business Fax: 303-294-0710

Business Website: Pyebarkerfire.com

Company's Principal Officers, Partners, or Owners

Name: Barton A Proctor Title: Owner

Name: _____ Title: _____

Name: _____ Title: _____

1. Number of years the company has operated as a contractor? (If new, write "new") 78

2. What is the company's area of specialties? Fire protection services all products

Type of work performed? (Check one or both, if applicable) ☐ Residential ☒ Commercial

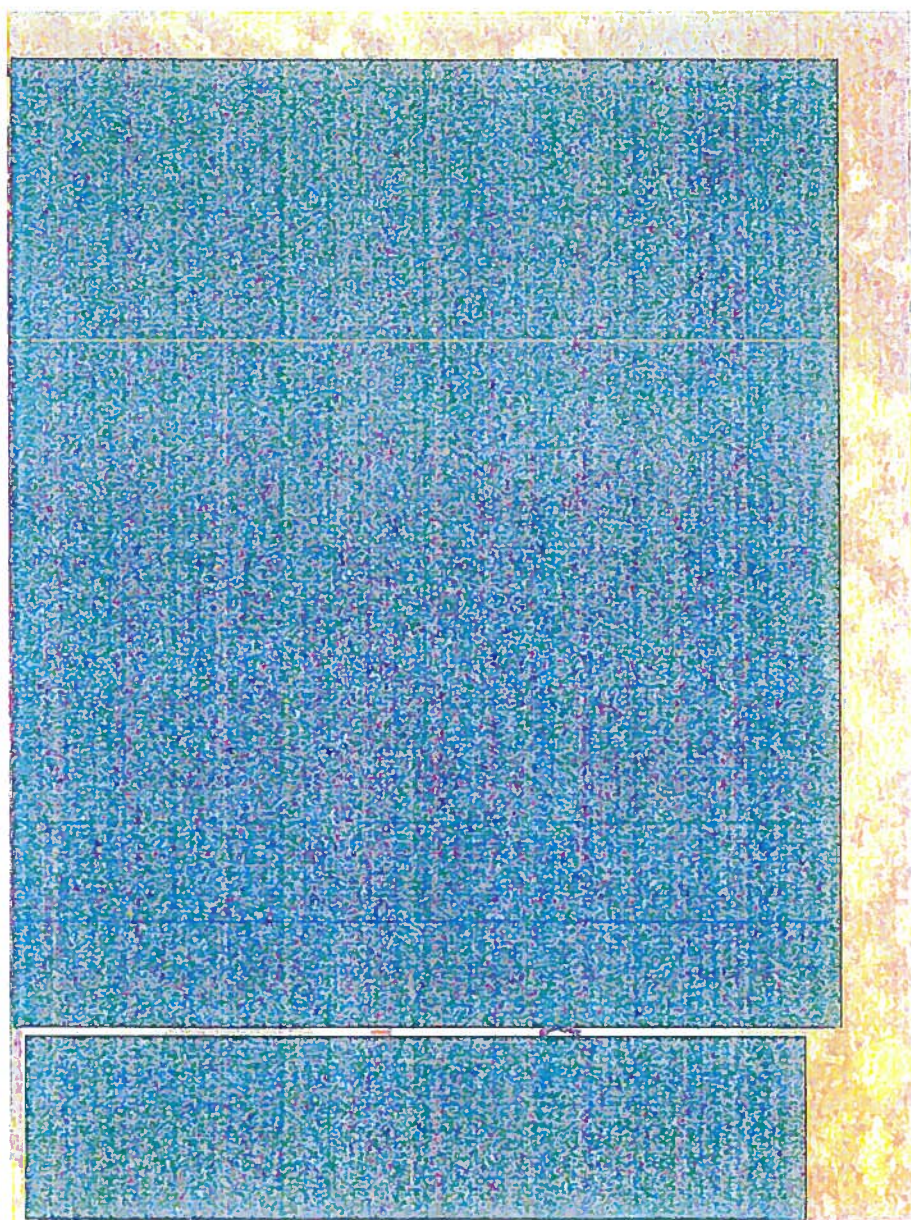
3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? ☐ Yes ☒ No If yes, Explain _____

4. Has the company been a defendant in a collection action court case? ☐ Yes ☒ No If yes, Explain _____

5. Has the company ever declared bankruptcy? ☐ Yes ☒ No If yes, Explain _____

6. Has the company ever had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____

7. Has the company ever defaulted on a contract? ☐ Yes ☒ No If yes, Explain _____



Project History (List projects in which this company worked as the contractor.)

1. Project Street Address: Taylor Farms - 890 New Port Rd.

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 165⁰⁰ Date: JUNE 2018 Your position: SUPERVISOR

Describe Job in detail: ANNUAL HYDRANT FLOW TESTING

2. Project Street Address: NTSOL

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 150⁰⁰ Date: JUNE 18 Your position: SUPERVISOR

Describe Job in detail: ANNUAL HYDRANT FLOW TESTING

3. Project Street Address: FED - EY 125 Troy Hill Rd

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 500⁰⁰ Date: JULY 2018 Your position: SUPERVISOR

Describe Job in detail: ANNUAL HYDRANT FLOW TESTING

4. Project Street Address: MICRO METALS - 4715 N CRESTMOUNT

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 165⁰⁰ Date: OCT 2018 Your position: Manager

Describe Job in detail: ANNUAL HYDRANT FLOW TESTING

5. Project Street Address: SKYWEST AIRLINES

Type of work (check one) ☐ Residential ☒ Commercial

Cost: 100⁰⁰ Date: JUN 18 Your position: MANAGER

Describe Job in detail: ANNUAL HYDRANT FLOW TESTING

CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.

Print Name and title (owner, principal or manager) Raymond Carnahan

Signature: [Signature] Date: 4/15/2019

[Signature]

4/16/19

Hydrant Jobs/Projects

| Customer Name | Address | Scope of work |
|-------------------------------|--|------------------------|
| Taylor Farms | 890 Newport Rd, Colorado Springs | Annual Hydrant Testing |
| NTSOC | E Wooman Dr | Annual Hydrant Testing |
| Micro-Metals | 4715 N Chestnut Dr, Colorado Springs, 80907 | Annual Hydrant Testing |
| Fed-Ex | 127 Troy Hill Rd, Colorado Springs, Co | Annual Hydrant Testing |
| South Colorado Springs Nissan | 1333 S Academy Blvd, Colorado Springs, 80910 | Annual Hydrant Testing |
| Skywest Airlines | 1697 Aviation Way | Annual Hydrant Testing |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Power of Attorney

Know All Men by These Presents: that the undersigned does hereby make, constitute and appoint

Name: Louis Greway
Address: 1294 S. Inca Street
Denver, CO 80223

The true and lawful attorney-in-fact for Pye-Barker Fire & Safety, LLC and in the name, place and stead of the corporation, to make and execute the assignments of or applications for vehicle Certificates of Title and other documents of registration or licensing.

And granting to the said attorney-in-fact full authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed hereto on this 28th Day of March 2018.

Pye-Barker Fire & Safety, LLC

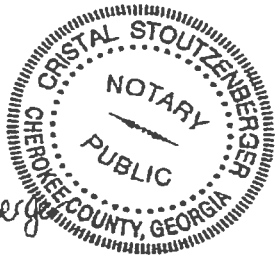
Signature of person giving power of attorney

Barton A. Proctor, President
Printed name and title

Notary Public Signature

Printed name of notary

Cristal Stoutzenberg



License Information

Legal Name: Carnahan Raymond
 Last First M.I.
 Date of Birth: 09/11/1962 Social Security Number: [REDACTED]
 Address: 1006 Palacio View 104
 Street Address Apartment/Unit #
Colorado Springs Colo 80910
 City State ZIP Code
 Phone: 719-233-4244 Fax: 303-294-0710 Email: carnahanr@pyebarkerfie.com

- What is your area of expertise in the industry? fire extg sprinkler alarm backflow
- How long have you worked in the industry? 15 years
- What is your affiliation with the company? (Owner, partner, employee, etc.) manager
- Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☒ No If yes, Explain _____
- Have you had a license suspended or revoked? ☐ Yes ☒ No If yes, Explain _____
- The examinee understands that direct supervision and control includes any one or a combination of the following activities: supervising, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on job sites. Will you, as the qualifying individual, perform one or more of these duties? ☒ Yes ☐ No

Certification

| NICET # | NICET Level | Expires |
|----------|-------------|---------|
| P.E. # | Issued | Expires |
| D.O.T. # | Issued | Expires |

Work History

| Company | Position | To | From |
|-----------------------|--------------|------|---------|
| RockY mnt fire | manager | 2006 | 2002 |
| Sentry Fire | service tech | 2006 | 2012 |
| Fire Inspections Plus | manager | 2012 | present |

CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (Licensee): Raymond Carnahan Manager
 Signature of (Licensee): [Signature] Date: 4/12/2019

2880 International Circle, Colorado Springs, CO 80910 Telephone 719-527-2887 Fax 719-527-2951



Fire Inspections Plus
942 Elkton Drive
Colorado Springs, CO 80807
Phone 719-392-1122
Fax 719-392-5510
Email FIP@Q.COM

Colorado Springs Fire Dept:

November 19, 2014

Reference: Ray Carnahan Work Experience

To whom it may concern,

Fire Inspections Plus; May 2013- Present Title: Field Supervisor

Position Duties: Performing Alarm Inspections, Sprinkler inspections
(outside PPRBD), coordinating inspections, service, repairs.

Sentry Fire and Safety; Jan 2011- May 2013: Title: Inspector

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections,
Kitchen suppression inspections, Fire extinguisher inspections. Also bid and
co-ordinate service work and repairs.

Complete Fire Protection: April 2004- Dec 2010: Inspections & Service coordinator

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections,
Kitchen suppression inspections, Fire extinguisher inspections. Also bid and
co-ordinate service work and repairs. Opened and ran Colorado Springs
office last 2 years of employment.

Certifications: Oklahoma State University:

NFPA 1031 Fire inspector Level 1 Accreditation Seal #; 107685

NFPA 1031 Fire Inspector Level 2 Accreditation Seal #; 107686

NFPA 1035 Public Educator Level 1 Accreditation Seal #; 107684

NFPA 1001 Fire Fighter Level 1 Accreditation Seal #; 107688

NFPA 1001 Fire Fighter Level 2 Accreditation Seal #; 107689

NFPA 472 Hazardous Materials Level 1,2,&3

Accreditation Seals #; 108113,108114,108115

NICET Alarm Design Level 1

NICET Sprinkler Design and Layout Level 1

CSA: Alarm, Sprinkler , Kitchen Suppression, Fire Extinguishers

ASSE Backflow technician and Repair Technician



4-15-2019

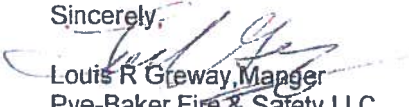
Pikes Peak Regional Building Dept
2880 International Circle
Colorado Springs, Colorado 80910

RE: Application for FSC-H license for private hydrants

To Whom It May Concern:

This letter is to attest that Pye-Barker Fire & Safety LLC does in fact possess and utilize all the proper equipment to test and service fire hydrants

Sincerely,


Louis R Greway, Manager
Pye-Barker Fire & Safety LLC
Off: 303-294-0708
Cell 720-271-0966

400 NORTH HAWKINS CENTER
11605 HAYNES BRIDGE RD STE 350
ALPHARETTA, GA 30009
(678) 281-6143 toll free (800) 927-8610
www.pyebarkerfire.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/16/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive, Suite #1100
Miami, FL 33131-4937

CONTACT NAME: Aon Risk Services, Inc of Florida

PHONE
(A/C, No, Ext): 800-743-8130

FAX
(A/C, No): 800-522-7514

EMAIL ADDRESS: ADP.COI.Center@Aon.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: New Hampshire Ins Co

23841

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
ADP TotalSource FL XVIII, Inc.
10200 Sunset Drive
Miami, FL 33173
ALTERNATE EMPLOYER
Pye-Barker Fire & Safety, LLC
200 Macy Drive
Alpharetta, GA 30076

COVERAGES

CERTIFICATE NUMBER: 2239696

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|---|--------------|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | <input type="checkbox"/> OTHER | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR | | | | | | AGGREGATE | \$ |
| | EXCESS LIAB | | | | | | | |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | | |
| | DEC | | | | | | | |
| | RETENTION \$ | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC 047014227 CO | 11/06/18 | 07/01/19 | X PER STATUTE | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT | \$ 2,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 2,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See attached Certificate Holder Cancellation Notice.

All worksite employees working for PYE-BARKER FIRE & SAFETY, LLC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. PYE-BARKER FIRE & SAFETY, LLC is an alternate employer under this policy.

CERTIFICATE HOLDER

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs, CO 80910

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc of Florida

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Marsh & McLennan Agency LLC 2301 Sugar Bush Road Suite 600 Raleigh NC 27612 | CONTACT NAME: PHONE (A/C, No, Ext): 919-788-7171 FAX (A/C, No): 919-782-1841 E-MAIL Address: Certificates@MarshMMA.com | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|--|-------|---|-------|--|-------|--|-------|---|-------|---------------------------------------|-------|
| INSURED Pye-Barker Fire & Safety, LLC* PO Box 69 Roswell, GA, 30077 11605 Haynes Bridge Rd, Ste 350 Alpharetta GA 30077 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Everest Indemnity Insurance Company</td><td>10851</td></tr><tr><td>INSURER B: Depositors Insurance Company</td><td>42587</td></tr><tr><td>INSURER C: National Union Fire Ins Co PittsburghPA</td><td>19445</td></tr><tr><td>INSURER D: Nationwide Mutual Insurance Company</td><td>23787</td></tr><tr><td>INSURER E: Aspen American Insurance Company</td><td>43460</td></tr><tr><td>INSURER F: Evanston Insurance Company</td><td>35378</td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Everest Indemnity Insurance Company | 10851 | INSURER B: Depositors Insurance Company | 42587 | INSURER C: National Union Fire Ins Co PittsburghPA | 19445 | INSURER D: Nationwide Mutual Insurance Company | 23787 | INSURER E: Aspen American Insurance Company | 43460 | INSURER F: Evanston Insurance Company | 35378 |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Everest Indemnity Insurance Company | 10851 | | | | | | | | | | | | | | |
| INSURER B: Depositors Insurance Company | 42587 | | | | | | | | | | | | | | |
| INSURER C: National Union Fire Ins Co PittsburghPA | 19445 | | | | | | | | | | | | | | |
| INSURER D: Nationwide Mutual Insurance Company | 23787 | | | | | | | | | | | | | | |
| INSURER E: Aspen American Insurance Company | 43460 | | | | | | | | | | | | | | |
| INSURER F: Evanston Insurance Company | 35378 | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 1176231469

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|---|-----------|----------|--|----------------------------------|----------------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 51GL0034900191 | 1/1/2019 | 1/1/2020 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | BAPD3028192010 | 1/1/2019 | 1/1/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A E | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | 51CC001080191 CX00AD619 | 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 Excess Liability \$20,000,000 X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| F D C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below Professional/Pollution Leased/Rented Equipment Fidelity | | N/A | MMAENV001290 CIM3028192010 061813109 | 1/1/2019 1/1/2019 1/1/2019 | 1/1/2020 1/1/2020 1/1/2020 | \$1,000,000 Limit \$100,000 \$2,000,000 per item per loss |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**DBA's: PB Parent, LLC, Lanstar, LLC; Pye-Barker Holdco, LLC; DBA A.A.C. United Fire & Safety Equipment, Inc.; DBA Accurate Fire Protection, Inc.; DBA Ace Fire Equipment; DBA Advanced Fire Extinguishers & Safety Equipment; DBA Allstate Fire Protection, Inc.; DBA American Fire & Safety; DBA BRS Holdings LLC; DBA Commercial Fire Equipment Company; DBA D&C Fire Protection; DBA Dekalb Fire Protection Services, Inc. dba Georgia Fire; DBA East Coast Fire Equipment, Inc.; DBA Fire Boss, Inc. d/b/a Dragon Fire Systems; DBA Fire Inspections Plus; DBA Fire Pro, Inc.; DBA Fire X Services, LLC; DBA Innovative Electronic Control Systems Inc.; DBA Integrity Fire & Safety; DBA Lester King Fire and Safety Equipment, Inc.; DBA Metro Fire & Safety, Inc.; DBA Myrtle Beach Fire Safety Group; DBA Pro Fire Extinguishment, Inc.; DBA Pye Barker Industrial Cleaning, LLC; DBA Reliable Alarm Technology and Equipment, Inc.; DBA Reliable Fire & Safety Equipment Company, Inc.; DBA Sentry Fire & Safety; DBA South Carolina Safety Co.; DBA Suncoast Fire Safety; DBA Tampa Bay Fire Equipment; DBA Tanner Fire & Safety Equipment, Inc.

CERTIFICATE HOLDER**CANCELLATION**

Pikes Peak Regional Building Department
2880 International Circle
Colorado Springs CO 80910

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

Pye-Barker Fire & Safety, LLC

is an entity formed or registered under the law of South Carolina , has complied with all
applicable requirements of this office, and is in good standing with this office. This entity has
been assigned entity identification number 20181878415 .

This certificate reflects facts established or disclosed by documents delivered to this office on
paper through 12/04/2018 that have been posted, and by documents delivered to this office
electronically through 12/05/2018 @ 10:00:27 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this
official certificate at Denver, Colorado on 12/05/2018 @ 10:00:27 in accordance with applicable law.
This certificate is assigned Confirmation Number 11260518 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria> do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

STATE OF COLORADO
Division of Fire Prevention and Control



19-S-04101

Be It Known That
Pye Barker Fire & Safety Inc.
Brad Reading Sprinkler Fitter-RME
Has Successfully Completed All Requirements
to Become Registered
Fire Suppression Systems Contractor

Issued On
January 1, 2019

Expiring On, Unless Earlier Revoked
December 31, 2019

In Accordance With
8 CCR 1507-11

Fire & Life Safety Section
Division of Fire Prevention & Control
700 Kipling Street, Suite 4100
Denver, CO 80215

Mike Morgan, Director



City of Black Hawk

BUSINESS LICENSE

LICENSE VALID JANUARY 1, 2019 THROUGH JANUARY 1, 2020

| LICENSE FEE | OCCUPATIONAL TAX | TOTAL PAID |
|-------------|------------------|------------|
| \$50 | \$0 | \$50 |

License Number: CN-275
Classification: Contractor
Filing Frequency: Annually
Contact: Louis Greway
Mailing Address: **Pye-Barker Fire & Safety LLC**
Sentry Fire & Safety Inc
1294 S INCA ST
DENVER, CO 80223
Business Address: **Pye-Barker Fire & Safety LLC**
Sentry Fire & Safety Inc
1294 S INCA ST
DENVER, CO 80223



BLACK HAWK

City of Black Hawk
PO Box 68
201 Selak Street
Black Hawk, CO 80422
303-582-2221
www.cityofblackhawk.org

OPERATING A BUSINESS WITHOUT A LICENSE IS SUBJECT TO CIVIL ACTIONS AND PENALTIES

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC22154
Expiration Date: 04/30/2021
License Type: Electrical Signal

Issued To:

By Authority of the Executive Director of
Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-352800 | 12/14/2001 | 01186209 | Paid |
| \$75.00 | 01010-0141140-352800 | 12/26/2002 | 02180267 | Paid |
| \$75.00 | 01010-0141200-352900 | 01/13/2004 | 04004231 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

| | | | |
|---|--|--|--|
| City and County of Denver | | City and County of Denver | |
| IDENTIFICATION CARD | | Community Planning and Development | |
| License/Registration No.: LIC22154 | | 201 W COLFAX AVE DEPT 205 | |
| This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Electrical Signal license in the City and County of Denver, beginning on 13 January 2004 and ending on 30 Apr 2021, unless license is revoked. | | DENVER the mile high city | |
| By Authority of the Executive Director of Community Planning and Development | | Licenses & Certificates: 720.865.2770 | |
| | | Permit Counter: 720.865.2705 | |
| | | Inspection Administration: 720.865.2505 | |
| | | Automated Inspection Request: 720.865.2501 | |

LIC. 100 (4/100) CPDA

LIC. 100 (4/100) CPDA - 2/27/15

City and County of Denver
Community Planning and Development
www.denvergov.org/contractor_licensing

License/Registration Number: LIC7292
Expiration Date: 02/28/2021
License Type: Fire Pro A

Issued To:

By Authority of the Executive Director of
Community Planning and Development

PYE-BARKER FIRE & SAFETY LLC
1294 S INCA ST
DENVER, CO 80223

| Amount | Fund/Org/Revenue Code | Payment Date | Trans # | Status |
|---------|-----------------------|--------------|----------|--------|
| \$75.00 | 01010-0141140-355600 | 01/24/2001 | 01009982 | Paid |
| \$80.00 | 01010-0141200-355600 | 02/08/2011 | 11011041 | Paid |
| \$75.00 | 01010-0141140-355600 | 12/14/2001 | 01166211 | Paid |

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.
Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

- ✓ Permit number
- ✓ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

• Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver IDENTIFICATION CARD

License/Registration No.: LIC7292

This is to certify that PYE-BARKER FIRE & SAFETY LLC has been issued a Fire Pro A license in the City and County of Denver, beginning on 14 December 2001 and ending on 28 Feb 2021, unless license is revoked.

By Authority of the Executive Director of
Community Planning and Development



City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEPT 205
DENVER, COLORADO 80202

Licenses & Certificates: 720.865.2770
Permit Counter: 720.865.2705
Inspection Administration: 720.865.2505
Automated Inspection Request: 720.865.2501



City of Boulder Planning & Development Services

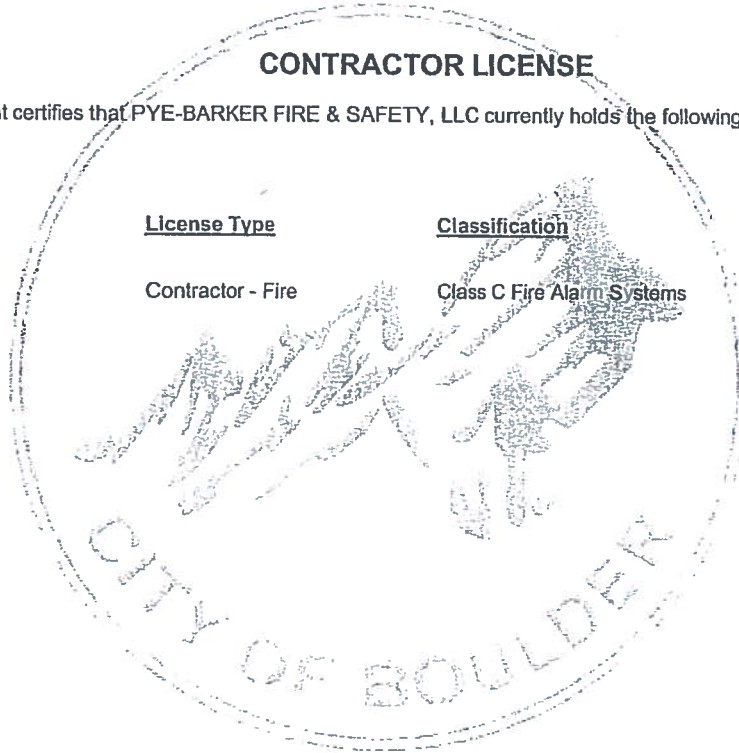
1739 Broadway, Third Floor, Boulder CO 80302 | PO Box 791, Boulder CO 80306-0791
P: 303-441-1880 F: 303-441-4241 | BoulderPlanDevelop.net | plandev@bouldercolorado.gov

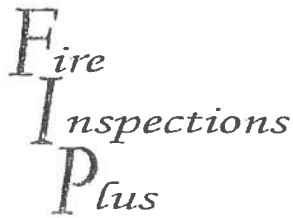
February 05, 2019

CONTRACTOR LICENSE

This document certifies that PYE-BARKER FIRE & SAFETY, LLC currently holds the following contractor license:

| <u>License #</u> | <u>License Type</u> | <u>Classification</u> | <u>Expiration Date</u> |
|------------------|---------------------|----------------------------|------------------------|
| LIC-00991861 | Contractor - Fire | Class C Fire Alarm Systems | 02/05/2020 |





Fire Inspections Plus
942 Elkton Drive
Colorado Springs, CO 80807
Phone 719-392-1122
Fax 719-392-5510
Email FIP@Q.COM

Colorado Springs Fire Dept:

November 19, 2014

Reference: Ray Carnahan Work Experience

To whom it may concern,

Fire Inspections Plus; May 2013- Present Title: Field Supervisor

Position Duties: Performing Alarm Inspections, Sprinkler inspections
(outside PPRBD), coordinating inspections, service, repairs.

Sentry Fire and Safety; Jan 2011- May 2013: Title: Inspector

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections,
Kitchen suppression inspections, Fire extinguisher inspections. Also bid and
co-ordinate service work and repairs.

Complete Fire Protection: April 2004- Dec 2010: Inspections & Service coordinator

Duties: Performing Alarm & Sprinkler inspections. Backflow inspections,
Kitchen suppression inspections. Fire extinguisher inspections. Also bid and
co-ordinate service work and repairs. Opened and ran Colorado Springs
office last 2 years of employment.

Certifications: Oklahoma State University:

NFPA 1031 Fire inspector Level 1 Accreditation Seal #; 107685

NFPA 1031 Fire Inspector Level 2 Accreditation Seal #: 107686

NFPA 1035 Public Educator Level 1 Accreditation Seal #; 107684

NFPA 1001 Fire Fighter Level 1 Accreditation Seal #; 107688

NFPA 1001 Fire Fighter Level 2 Accreditation Seal #; 107689

NFPA 472 Hazardous Materials Level 1,2,&3

Accreditation Seals #: 108113,108114,108115

NICET Alarm Design Level 1

NICET Sprinkler Design and Layout Level 1

CSA: Alarm, Sprinkler , Kitchen Suppression, Fire Extinguishers

ASSE Backflow technician and Repair Technician

Sincerely,

Ray Carnahan
Field Supervisor

Call Fire Inspections Plus for all of your life safety needs.
Inspections and service on Fire alarm systems, Fire sprinkler systems,
Backflow devices, Fire extinguishers, Fire hydrants, Fire pumps, and Emergency lighting.



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle
Colorado Springs, Colorado 80910
Website: <http://www.pprbd.org>

Follow us on social media

- facebook.com/PPRegionalBuilding/
- @PPRBD
- @ppregionalbuilding

Invoice

4/18/2019 9:14:37 AM

(SABRINA)

Receipt #: 1591361

Customer: PYE- BARKER FIRE & SAFETY, LLC

| Transaction Summary | | | | |
|---------------------|-----------------|-------------|-----------|---------|
| Account | Description | | Reference | Amount |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |
| 1301-40036 | CONTRACTOR FEES | APPLICATION | APP FEE | \$50.00 |

Total Due: \$200.00

| Payment Summary | | | | |
|-----------------|-------------------|--|-----------|---------|
| Account | Description | | Reference | Amount |
| 9801-55200 | COLLECTION, CHECK | | 1125 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1127 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1129 | \$50.00 |
| 9801-55200 | COLLECTION, CHECK | | 1131 | \$50.00 |

Total Tendered: \$200.00

Comment:



City and County of Broomfield
One DesCombes Drive
Broomfield, Colorado 80020

Contractor's License

No: OL-20-13355

PYE BARKER FIRE & SAFETY INC
1294 S INCA ST
DENVER, CO 80223

License Type: GenC

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 04/04/2019

Expiration Date: 04/03/2020

Timothy Pate, Chief Building Official

Contractor Wallet ID Card

Cut on outside line and fold to fit.

| | |
|--|--|
| | <p>Issued to: PYE BARKER FIRE & SAFETY INC Address: 1294 S INCA ST DENVER, CO 80223 License No.: OL-20-13355 <small>This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.</small> Effective Date: 04/04/2019 Expiration Date: 04/03/2020 Timothy Pate Chief Building Official</p> |
| <p>Information needed to request an inspection:</p> <ul style="list-style-type: none">>> Permit Number>> Address of Inspection>> Type of Inspection>> Date of Requested Inspection>> Name and phone number of person requesting inspection | <p>City and County of Broomfield One DesCombes Drive Broomfield, CO 80020</p> <p>Inspection Line: 303.438.6376 Building Division: 303.438.6370 Fax: 303.438.6207</p> |



Fire Inspections Plus

3780 Interpark Drive

Colorado Springs, CO

80809

Tele: 719-392-1122

Fax: 719-392-5510

Email:

fireinspectionsplus@gmail.com

23 April 2019

Hydrant Experience

Reference: Ray Carnahan

With Reference to employment,

Ray Carnahan (PPRBD# 11022) is full time and sole employees of Fire Inspections Plus at this time and will be Full time and exclusive to Pye-Barker Fire upon change of Company licensing.

My Fire Hydrant Experience:

Fire Fighter with the Canadian Armed Forces from 1988 thru 1998 , Achieving NFPA Certification from Oklahoma State University. Tested and Maintained Base and Shipboard Fire Hydrants as per Base SOP and NFPA.

Inspector with Rocky Mountain Fire and Safety. Supervisor Charlie Sullivan. Testing of Private Fire hydrants in Denver. Aurora. Colorado Springs, Pueblo

Inspector with Complete Fire and Safety, tested of Private Fire hydrants Colorado Springs.

Thank you very much for you help.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Carnahan".

Ray Carnahan

Call Fire Inspections Plus for all of your life safety needs.
Inspections and service on Fire alarm systems, Fire sprinkler systems,
Backflow devices, Fire extinguisher, Fire hydrants. Fire pumps, and Emergency lighting.



Fire Inspections Plus

3780 Interpark Drive

Colorado Springs, CO

80809

Tele: 719-392-1122

Fax: 719-392-5510

Email:

fireinspectionsplus@gmail.com

23 April 2019

Hydrant Certifications

Reference: Corey Eager
Tyler Schaeffer

With Reference to employment.

Both Corey Eager (PPRBD# 11361) and Tyler Schaefer (PPRBD# 10768) are full time and sole employees of Fire Inspections Plus at this time and will be Full time and exclusive to Pye-Barker Fire upon change of Company licensing.

Attached are both CSA certifications.

Thank you very much for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Carnahan".

Ray Carnahan

Call Fire Inspections Plus for all of your life safety needs.
Inspections and service on Fire alarm systems, Fire sprinkler systems,
Backflow devices, Fire extinguisher, Fire hydrants, Fire pumps, and Emergency lighting.